

Child Health Services

Provider performance

Engrossed Substitute House Bill 2128; Section 4(3); Chapter 463; Laws of 2009

Substitute Senate Bill 5835; Section 4(3); Chapter 294; Laws of 2017

RCW 74.09.480

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Executive Summary

This report is the seventh in a series of Health Care Authority (HCA) biennial reports, beginning in September 2010. It presents child health performance metrics and information about newborn care practices for infants enrolled in Apple Health (Washington State's Medicaid and Children's Health Insurance Program (CHIP)). This report presents data for services provided during 2018-2022 calendar years, unless otherwise specified.

Two laws¹ direct HCA to report on provider performance for a set of health care quality metrics that monitor whether access to services and quality of care are improving among enrolled children and if birthing facilities are adhering to two newborn care practices.

- [Engrossed Substitute House Bill 2128](#), Chapter 463, Laws of 2009, RCW 74.09.480, Section 4 states that the performance indicators² included in the report "may include, but are not limited to:"
 - Childhood Immunization Rates
 - Well-Child Care Utilization Rates
 - Care Management for Children with Chronic Illnesses
 - Emergency Room Utilization
 - Visual Acuity and Eye Health
 - Preventive Oral Health Service Utilization
 - Children's Mental Health Status
- [Substitute Senate Bill 5835, Chapter 294](#), Laws of 2017, RCW 74.09.475, Section 2 lists two delivery site (i.e., birthing hospitals, birthing centers, home birth) policies and procedures to be included in this report:
 - Skin-to-skin placement of the newborn on the mother's chest immediately following birth.
 - Rooming-in practices in which a newborn and a mother share the same room for the duration of their post-delivery stay.

Report Highlights

For this report, we chose 31 metrics³, based on the indicators and goals listed in the statutes, with careful consideration of data availability and feasibility of reporting. We included maternal/perinatal metrics in this Child Health Services report because they have a demonstrated powerful influence on child health⁴. We chose

¹ Engrossed Substitute House Bill 2128, Chapter 463, Laws of 2009, RCW 74.09.480, Section 1; Substitute Senate Bill 5835, Chapter 294, Laws of 2017, RCW 74.09.745, Section 1.

² Engrossed Substitute House Bill 2128 recommends, but does not mandate, performance indicator(s) for each topic area. Therefore, performance indicators were selected based on availability of national comparisons. Metrics on Emergency Room Utilization were retired, there are currently no metrics on visual acuity and eye health, and metrics describing the prevalence of overall children's mental health status are not available for national comparisons of the Medicaid and CHIP population.

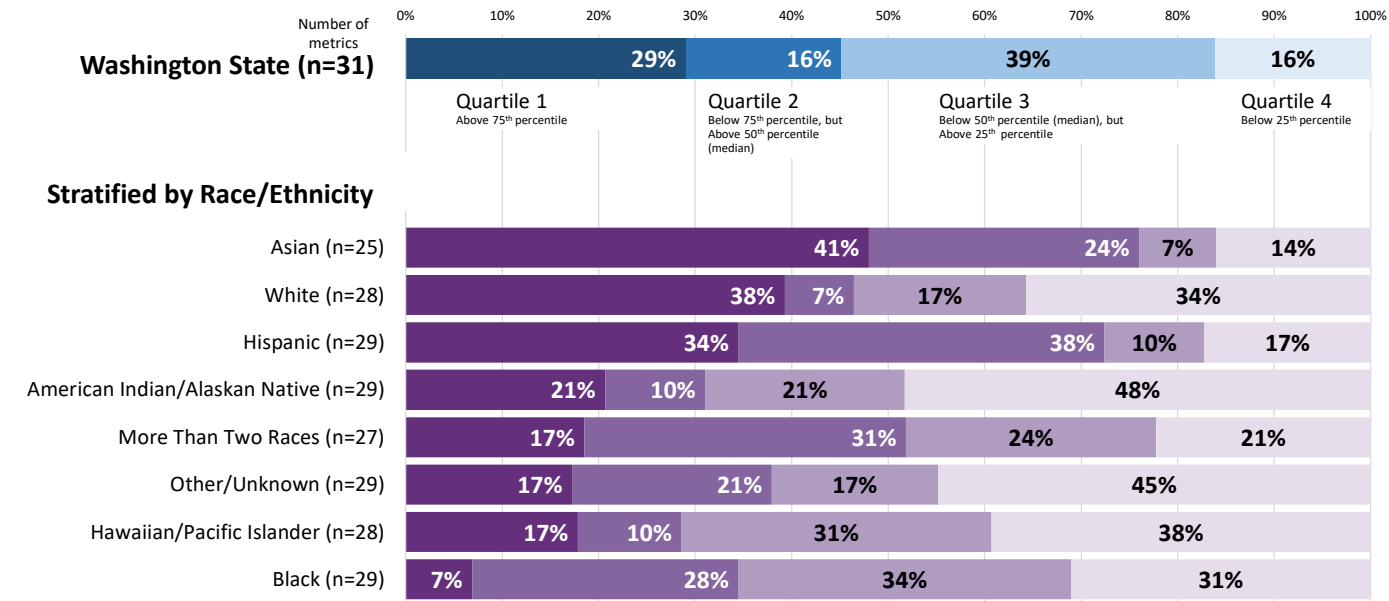
³ We chose 18 metrics, of which ten have sub-metrics, bringing the total to 31 metrics in the Child Core Set.

⁴ Guldi M, Hamersma S. The effects of pregnancy-related Medicaid expansions on maternal, infant, and child health. J Health Econ. 2023 Jan;87:102695. doi: 10.1016/j.jhealeco.2022.102695. Epub 2022 Oct 31. PMID: 36502571.

metrics related to service delivery because preventive care and access to appropriate care—at the appropriate time—contribute to positive health outcomes⁵.

The 31 metrics on the Children’s Health Care Quality Measures for Medicaid and Children’s Health Insurance Program (CHIP), also known as the Child Core Set, were calculated using administrative data to compare changes in rates from 2018 to 2022⁶. Eighteen metrics of the Child Core Set were also reported by at least 25 states in 2022 (the most recent year of state and national data) enabling us to compare and rank Washington specific rates at a national level⁷.

FIGURE 1
Washington State Rankings per Select CMS Child Core Metrics, 2022
Percent of Metrics within each Quartile



Washington State performed above the national median rates for 14 (or 45%) of 31 of the Child Core Set metrics. In the 17 (or 55%) of 31 metrics for which Washington State was below the national median, in comparison to other reporting states⁸, all were within the domain of Primary Care Access and Preventive Care. Two examples being well-child visits for children and ensuring children receive immunizations according to

⁵ Pratt C, Taylor R, Smith SD. Health Equity and Access to Health Care as a Social Determinant of Health: The Role of the Primary Care Provider. Prim Care. 2023 Dec;50(4):549-559. doi: 10.1016/j.pop.2023.04.006. Epub 2023 Jul 4. PMID: 37866830.

⁶ The minimum threshold of 25 reporting states was reached on 18 primary measures. Several of the 18 measures are broken down by age or other detail, resulting in 31 measures and sub-measures that are included in this brief.

⁷ Available on the [Medicaid.gov](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting) website at [medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting)

⁸ The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

age requirements. Rates declined during the COVID-19 public health emergency, assumedly due to an overburdened health care system and the quarantine⁹, have not yet rebounded by 2022.

HCA is committed to maintaining and strengthening a focus on health disparities and inequities in our state, and on the critical importance of the earliest years of life as the foundation for health and well-being. Towards that end, we continue to note and be concerned about observed racial and ethnic differences across metrics for children. The patterns of racial/ethnic disparities varied for metrics related to **Maternal and Perinatal metrics as compared to child metrics**- rates tended to be better for Non Hispanic White and Hispanic women compared to that of Black and American Indians/Alaska Natives. For **Primary Care Access and Preventive Care**, rates tended to be better for Asian and Hispanic children compared to that of American Indian/Alaska Native children. Rates for American Indian/Alaskan Native children were in the lowest quartile for all but one **Primary Care Access and Preventive Care** metric.

There was also variation in performance across Apple Health (Medicaid) service delivery models - five managed care organizations (MCO), fee-for-service (FFS), and Primary Care Case Management (PCCM)¹⁰. Details on managed care organization performance are beyond the scope of this report and can be found on the website of the external quality review organization¹¹.

Washington State Health Care Authority has recently implemented a number of policy changes that will take some time to demonstrate an impact on maternal and child populations. Examples of these policies include:

- Investments in best practice and developmentally appropriate Mental Health assessment for young children (beginning in 2021).
- Implementing 12 months of postpartum coverage for those on Medicaid (beginning in 2022).
- Updating our HCA policy for Well-Child checks for children and adolescents to align with the American Academy of Pediatrics recommended periodicity (beginning in 2023).
- Implementing continuous enrollment in Medicaid and CHIP for children 0-6 years of age (beginning in 2024).
- Allowing up to two caregivers to be screened for mood disorders at infant visits in the first year of life (beginning in 2024).

⁹ On February 29, 2020, Governor Jay Inslee issued proclamation 20-25, "Stay Home, Stay Healthy" declaring a state of emergency due to COVID-19.

¹⁰ Apple Health service delivery models differ on how they manage and deliver health care services; Fee-for-service (FFS) is the oldest health care delivery model under which providers receive a payment for each unit of service they provide. Under FFS, clients can go to any Apple Health provider, and the provider will submit claims directly for Apple Health covered services. Primary care case management (PCCM) is an older model of managed care in which a primary care provider (PCP) is responsible for approving and monitoring the care of enrolled Apple Health beneficiaries, typically for a small monthly case management fee in addition to fee-for-service reimbursement for treatment. Managed care organizations (MCO) deliver and manage health services under a risk-based arrangement. The Health Care Authority (HCA) contracts with MCOs and pays them a per member per month (PMPM) rate, or capitation payment. MCOs are required to provide all covered, medically necessary services to their members, and are incentivized to control costs.

¹¹ hca.wa.gov/assets/billers-and-providers/eqr-performance-measure-comparative-analysis-report-with-appendix-a-b-c-f-2023.pdf

- Requiring a modifier on screenings for children/youth identifying if the screening was positive (identifying or need) or negative (beginning in 2024).

Key Findings and Discussion

Our key findings and the [summary table found in Appendix A](#) are meant to provide a snapshot of providers' performance for the following:

- Ensuring clients receive regular preventive visits and screenings associated with the health of newborns and children enrolled in Apple Health.
- Improving health metrics such as low birth weight, breastfeeding and low risk Cesarean sections (LRCD).

Comparing Washington State Medicaid/CHIP to national rankings

To compare Washington State Medicaid/CHIP populations to other states, we used the Child Core Set of Health Care Quality Measures (Child Core Set). The Centers for Medicare and Medicaid Services (CMS) oversees the selection and reporting mechanism for the evolving set of quality metrics for children that states voluntarily report¹², or that the U.S. Department of Health and Human Services extracts from public data sources. The Child Core Set has **five domains**:

- Maternal and perinatal health,
- Primary care access and preventive care,
- Care of acute and chronic conditions,
- Dental and oral health services and,
- Behavioral health care.

CMS separates several metrics in the Child Core Set into sub-metrics, which are based on age or other factors. For example, Child and Adolescent Well-Care Visits is a primary metric, but it is reported for multiple age groups, which are counted as three sub-metrics. CMS updates the Child Core Set over time by retiring metrics and adding new metrics through an annual review process.

Since 2011, CMS has released data on the Child Core Set in the Annual Report on the Quality of Care for Children in Apple Health and CHIP (CMS Annual Report).¹³ That annual report includes:

¹² Mandatory reporting begins in calendar year 2024 for Child Core Set and Adult Behavioral Health

¹³ Available on the [Medicaid.gov](https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting) website at [medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting](https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting)

- Data mandatorily submitted by states and data CMS extracts from public data sources;¹⁴
- Comparisons between states' performance, ranking at least 25 states that each report on the same metric.

The most recent CMS Annual Report is for services provided in 2022. For metrics with at least 25 states reporting, the CMS Annual Report calculates the reporting states' median performance metric rates and ranks states by percentile and quartile.¹⁵ For each domain, we compare the metrics and sub-metrics for Washington State Medicaid/CHIP population against the national median and quartile ranges. For example, results in the first (or top quartile) indicate they are equal or greater than 75% of states reporting and results in the fourth (or bottom quartile) indicate they are equal or less than 75% of states reporting. The number of states reporting for each metric can be found in Appendix A and the first (or top quartile) includes the best rates, regardless of whether lower or higher rates are most desirable.

Quartile Range Key			
First/Top Quartile	1	1	Results are greater than or equal to 75% of states reporting.
Second Quartile	2	2	Results are greater than the state median but less than 75% of states reporting.
Third Quartile	3	3	Results are less than the state median but greater than 25% of states reporting.
Fourth/Lowest Quartile	4	4	Results are equal to or less than 25% of states reporting.

Comparison by Race/Ethnicity for 2022

Health care quality cannot be fully realized without achieving health care equity. Racial and ethnic disparities exist and persist in maternal/perinatal and child health and these disparities are not biological differences, but are representative of the experience of race, they are the products of systemic, structural, and interpersonal racism, both past and present. HCA is committed as an organization to identifying racial/ethnic disparities in health services and outcomes. Towards that goal, for each domain, we compare the metrics and sub-metrics for the 2022 Washington State Medicaid/CHIP population stratified by race/ethnicity against the national median and quartile ranges. In 2025, CMS will begin a phased-in approach requiring states to stratify Child Core Set metrics and sub-metrics by race/ethnicity, biologic sex, and geography.¹⁶

¹⁴ For a primer on the basics, background, and status of quality measurement and improvement in Medicaid and CHIP, see "Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders, available at medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf.

¹⁵ The minimum threshold of 25 reporting states was reached on 18 primary measures. Several of the 18 measures are broken down by age or other detail, resulting in 31 measures and sub-measures that are included in this brief.

¹⁶ Federal Register: Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting

Maternal and Perinatal Health

As the largest public payer of births nationwide, Medicaid and CHIP programs have a significant role and responsibility in enhancing systems of care to improve maternal/perinatal health, reduce preventable maternal mortality and severe maternal morbidity, and support equitable outcomes for all. There were five maternal/perinatal health metrics and two sub-metrics for a total of seven metrics and sub-metrics. Low risk Cesarean delivery (LRCD) was added in 2021. Cesarean deliveries place birthing individuals and infants at higher risk for adverse outcomes. Reducing the rate of cesarean deliveries among low-risk individuals provides an opportunity to improve both maternal/perinatal and infant health.

- While Washington State has consistently ranked in the top quartile (above the 75th percentile) of all reporting states from 2018-2022 for **Timeliness of Prenatal Care**, **Contraceptive Care among Postpartum Women Ages 15-20 Years**, and **Low Birthweight**, there is some variation among the birthing population by race/ethnicity.
- Rates tended to be highest quartile for Non Hispanic White and Hispanic women while in the lowest quartile for the Black birthing population and were the only racial/ethnic group to not have one metric result in the top quartile.
- Rates for **Contraceptive Care – All Women: Ages 15-20 Years** seems to have declined during COVID-19 and no rebound improvements were observed in the most recent 2022 data.

Figure 2

Maternal and Perinatal Health Child Core metrics

Washington State compared to National Median and Quartile Ranges from 2018 - 2022

Table	Measure	Measurement Year				
		2018	2019	2020	2021	2022
Maternal and Perinatal Health						
1a	Timeliness of Prenatal Care (PPC)	1	1	1	1	1
2a	Low Birth Weight (LBW)	1	1	1	1	1
3a	Low Risk Cesarean Delivery (LRCD)	*	*	*	2	2
4.1a	Contraceptive Care - All Women: Ages 15-20 Years (CCW)	2	2	3	3	3
4.2a	Contraceptive Care - All Women: Ages 15-20 Years (CCW-LARC)	2	1	2	2	2
5.1a	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP)	1	1	1	1	1
5.2a	Contraceptive Care -Postpartum Women: Ages 15-20 Years (CCP-LARC)	1	1	1	1	1
1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.						
* Results not available because measure did not exist or rate suppressed due to HCA small number policy.						

Figure 3

Maternal and Perinatal Health Child Core metrics

By Race/Ethnicity compared to National Median and Quartile Ranges 2022

Table	Measure	Hispanic	Not Hispanic or Ethnicity Unknown						
			AI/AN	Asian	Black	H/PI	MT2R	White	Other/UK
Maternal and Perinatal Health									
1b	Timeliness of Prenatal Care (PPC)	1	3	1	2	4	2	1	2
2b	Low Birth Weight (LBW)	1	1	1	2	1	1	1	2
3b	Low Risk Cesarean Delivery (LRCD)	1	1	3	4	3	1	1	2
4.1b	Contraceptive Care - All Women: Ages 15-20 Years (CCW)	4	3	4	4	4	2	2	4
4.2b	Contraceptive Care - All Women: Ages 15-20 Years (CCW-LARC)	2	1	4	4	3	2	1	3
5.1b	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP)	1	1	*	2	1	*	1	1
5.2b	Contraceptive Care -Postpartum Women: Ages 15-20 Years (CCP-LARC)	1	1	*	2	1	*	1	1

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

AI/AN = American Indian/Alaskan Native, H/PI = Hawaiian/Pacific Islander, MT2R = More than two races, Other/UK = Other/Unknown race.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Primary Care Access and Preventive Care

Medicaid and CHIP provide access to well-child visits and other preventive health care services, including immunizations, screenings, and a broad range of behavioral and physical health services that are medically necessary and support health and well-being¹⁷. Access to regular primary care and these services can prevent infectious and chronic disease and other health conditions, helping people live longer, healthier lives, and improve the health of the population. The American Academy of Pediatrics and Bright Futures recommend seven or more well-child visits by the time a child turns 15 months of age, and four well-child visits for children between 15 and 30 months of age¹⁸. Annual well-child visits are recommended for children and adolescents ages 5 through 20. Well-child visits should include: a health history, measurements, physical exam, procedures

¹⁷ Early and Periodic Screening, Diagnostic, and Treatment | Medicaid EPSDT is a comprehensive and preventive health care benefit for Apple Health clients under the age of 21 years old.

¹⁸ <https://publications.aap.org/aapnews/news/28816/2024-Periodicity-Schedule-No-changes-to-guidance?autologincheck=redirected>

including immunizations, laboratory tests, vision and hearing screening, developmental/behavioral assessment, oral health risk assessment, anticipatory guidance, and parenting education on a wide range of topics.

- Washington State has consistently ranked below the median for all reporting states from 2018-2022 for all **Primary Care Access and Preventive Care** metrics. There is some variation among children by race/ethnicity, such that Hispanic and Non Hispanic Asian children had rates above the national median for 2022, while Non Hispanic Black and children of other/unknown race had rates in the lowest 75 percentile.
- **Immunizations for Adolescents (IMA) – Combination 1** rates remained relatively the same throughout COVID-19 (2020-2022), however **Immunization for Adolescents (IMA) – Human Papillomavirus Vaccine (HPV) rate** has declined during the same time period.
- Washington State has consistently ranked below the median for all reporting states from 2018-2022 for **Chlamydia Screening in Women Ages 16-20 Years**. There is some variation among women by race/ethnicity, such that Non Hispanic Black and clients with more two races had rates in the second quartile.

Figure 4

Primary Care Access and Preventive Care Child Core metrics

Washington State compared to National Median and Quartile Ranges from 2018 – 2022

Table	Measure	Measurement Year				
		2018	2019	2020	2021	2022
Primary Care Access and Preventative Care						
6.1	Well-Child Visits in the First 15 Months of Life (W30 (Rate 1))	3	3	4	3	3
6.2	Well-Child Visits: Age 15-30 Months (W30 (Rate 2))	*	*	*	4	3
7.1	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years	*	*	*	2	3
7.2	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years	*	*	*	2	3
7.3	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years	*	*	*	2	3
7.4	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years	*	*	*	3	4
8.1	Childhood Immunizations Status (CIS) - Combination 3	3	3	4	3	3
8.2	Childhood Immunizations Status (CIS) - Combination 10	*	*	*	2	3
9.1	Immunizations for Adolescents (IMA) - Combination 1	3	3	3	3	3
9.2	(IMA) - Human Papillomavirus Vaccine (HPV)	2	1	2	3	4
10.1	Chlamydia Screening in Women Ages 16–20 Years (CHL)	3	3	4	3	3

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Figure 5

Primary Care Access and Preventive Care Child Core metrics

By Race/Ethnicity compared to National Median and Quartile Ranges 2022

Table	Measure	Hispanic	Not Hispanic or Ethnicity Unknown						
			AI/AN	Asian	Black	H/PI	MT2R	White	Other/UK
Primary Care Access and Preventative Care									
6.1b	Well-Child Visits in the First 15 Months of Life (W30 (Rate 1))	1	4	1	3	1	3	3	4
6.2b	Well-Child Visits: Age 15-30 Months (W30 (Rate 2))	2	4	1	4	4	3	3	4
7.1b	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years	2	4	2	3	4	3	4	4
7.2b	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years	2	4	2	3	4	3	3	3
7.3b	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years	2	4	2	3	4	4	4	4
7.4b	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years	3	4	2	4	4	4	4	4
8.1b	Childhood Immunizations Status (CIS) - Combination 3	2	4	1	4	4	3	4	4
8.2b	Childhood Immunizations Status (CIS) - Combination 10	2	4	1	4	3	2	4	4
9.1b	Immunizations for Adolescents (IMA) - Combination 1	2	4	2	3	4	3	4	4
9.2b	(IMA) - Human Papillomavirus Vaccine (HPV)	2	4	1	4	4	4	4	4
10.1b	Chlamydia Screening in Women Ages 16-20 Years (CHL)	3	3	4	2	3	2	4	4

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

AI/AN = American Indian/Alaskan Native, H/PI = Hawaiian/Pacific Islander, MT2R = More than two races, Other/UK = Other/Unknown race.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Dental and Oral Health Services

Tooth decay, or dental caries, is one of the most common chronic diseases in children. Metrics focus on the early and regular use of preventive dental services, such as application of topical fluoride and dental sealants to molars to reduce the risk of dental caries. In Washington State, all dental and oral health services for Medicaid and CHIP children are provided via a fee-for-service, outside of managed care, health care delivery model. Children's oral health is critical to overall health. Establishing early and consistent preventive dental routines reduces dental caries and associated long-term dental issues¹⁹.

¹⁹ Brickhouse TH, Yu J, Kumar AM, Dahman B. The Impact of Preventive Dental Services on Subsequent Dental Treatment for Children in Medicaid. JDR Clin Trans Res. 2023 Jul;8(3):257-266. doi: 10.1177/23800844221096317. Epub 2022 May 1. PMID: 35499130; PMCID: PMC10286182.

- Dental and Oral Health Services are new metrics starting in 2021, therefore there are no known impacts of COVID-19 to Medicaid/CHIP children's oral health, however, other state-specific health services data showed a decrease in utilization from 2020 to 2022. Compared to the national median and other states, Washington State ranked in the top quartile in three out of four metrics in 2022.
- There is some variation among children by race/ethnicity, such that Hispanic, Non Hispanic Asian, and Non Hispanic White children had rates in the highest quartile for 2022, while Non Hispanic Hawaiian/Pacific Islander children had rates below the national medians for three out of four metrics.

Figure 6

Dental and Oral Health Services

Washington State compared to National Median and Quartile Ranges from 2018 – 2022

Table	Measure	Measurement Year				
		2018	2019	2020	2021	2022
Dental or Oral Health Services						
12.1a	Oral Evaluation, Dental Services (OEV): Under 21 Years of Age	*	*	*	*	1
13.1a	Topical Fluoride for Children: Ages 1-20 Years	*	*	*	*	2
14.1a	Sealant Receipt on Permanent First Molars: At least one sealant (SFM)	*	*	*	1	1
14.2a	Sealant Receipt on Permanent First Molars: All Four Molars Sealed (SFM)	*	*	*	1	1

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Figure 7

Dental and Oral Health Services

By Race/Ethnicity compared to National Median and Quartile Ranges 2022

Table	Measure	Hispanic	Not Hispanic or Ethnicity Unknown						
			AI/AN	Asian	Black	H/PI	MT2R	White	Other/UK
Dental or Oral Health Services									
12.1b	Oral Evaluation, Dental Services (OEV): Under 21 Years of Age	1	2	1	2	3	2	1	1
13.1b	Topical Fluoride for Children: Ages 1-20 Years	1	4	1	3	3	2	1	2
14.1b	Sealant Receipt on Permanent First Molars: At least one sealant (SFM)	1	1	1	1	2	1	1	1
14.2b	Sealant Receipt on Permanent First Molars: All Four Molars Sealed (SFM)	1	2	1	1	3	2	1	1

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

AI/AN = American Indian/Alaskan Native, H/PI = Hawaiian/Pacific Islander, MT2R= More than two races, Other/UK = Other/Unknown race.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Behavioral Health Care

Child Core Set metrics focus on a narrow range of behavioral health diagnoses and treatments which may not reflect the broader behavioral health prevalence in the Medicaid/CHIP population²⁰. For the Child Core Set, the term “behavioral health care” refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD) and monitoring children/adolescents prescribed antipsychotics. The eight metrics and sub-metrics focus on determining if children received follow-up care:

- 1) after an emergency department (ED) visit for alcohol or other drug (AOD) abuse or dependence,
 - 2) within the first 30 days of receiving a new prescription for ADHD medication,
 - 3) within 9-months of ADHD prescription to assess ongoing medication management, and
 - 4) to monitor weight and metabolic changes after receiving an antipsychotic medication.
- Washington State has consistently ranked in the top quartile among all reporting states from 2019-2022 for **Follow-Up Hospitalizations for Mental Illness: Ages 6-17 Years** for both 7-day and 30-day follow-ups.
 - However, for children newly prescribed ADHD medication, the metric requires one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Washington State ranked below the median from 2019 to 2021, but improved in 2022 to rank in the second quartile of all reporting states. After the Initiation Phase has ended, **the Maintenance Phase metric** requires children who remain on ADHD medication for at least 210 days have at least two follow-up visits with a practitioner. Since 2019, Washington State has improved but consistently ranks below the median among all reporting states from 2020 to 2022.
 - **Metabolic Monitoring For Children/Adolescents on Antipsychotics** requires metabolic testing for blood glucose/cholesterol screening. While Washington State improved to rank above the median in 2021 and 2022 for blood glucose testing, cholesterol screening for Washington State rate was in the lowest 75th percentile in 2022.

²⁰ For more results on behavioral health needs, characteristics, and outcomes of children and youth on Medicaid and Foster Care in Washington State, see “Behavioral Health Treatment Needs and Outcomes among Medicaid-enrolled Children in Washington State: Children Ages 0-20 enrolled in Medicaid, SFY 2014-SFY2021”, available at DASHBOARD Behavioral Health Treatment Needs and Outcomes among Medicaid-Enrolled Children in Washington State.

Figure 8

Behavioral Health Care

Washington State compared to National Median and Quartile Ranges from 2018 – 2022

Table	Measure	Measurement Year				
		2018	2019	2020	2021	2022
Behavioral Health Care						
15.1a	Follow-Up Hospitalizations for Mental Illness: Ages 6-17 Years (30-day follow-up)	*	1	1	1	1
15.2a	Follow-Up Hospitalizations for Mental Illness: Ages 6-17 Years (7-day follow-up)	*	1	1	1	1
16.1a	First-Line Psychosocial Care for Children/Adolescents on Antipsychotics: Ages 1 - 17	*	*	3	2	4
17.1a	Metabolic Monitoring for Children/Adolescents on Antipsychotics (APM) - Blood Glucose	*	*	4	1	2
17.2a	(APM) - Cholesterol Screening	*	*	4	3	4
17.3a	(APM) - Blood Glucose and Cholesterol Screening	*	*	4	3	4
18.1a	Follow-up Care for Children Prescribed ADHD - Initiation (ADD)	*	3	3	3	2
18.2a	(ADD) - Continuation and Maintenance Phase	*	4	3	3	3

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

* Results not available because measure did not exist or rate suppressed due to HCA small number policy.

Figure 9

Behavioral Health Care

By Race/Ethnicity compared to National Median and Quartile Ranges 2022

Table	Measure	Hispanic	Not Hispanic or Ethnicity Unknown						
			AI/AN	Asian	Black	H/PI	MT2R	White	Other/UK
Behavioral Health Care									
15.1b	FUH: Ages 6-17 Years (30-day follow-up)	*	*	*	*	*	*	*	*
15.2b	FUH: Ages 6-17 Years (7-day follow-up)	*	*	*	*	*	*	*	*
16.1b	APP: Ages 1 - 17 Years	4	4	*	3	2	2	*	3
17.1b	APM - Blood Glucose	2	3	4	2	1	4	2	3
17.2b	APM - Cholesterol Screening	4	4	2	3	3	4	4	4
17.3b	APM - Blood Glucose and Cholesterol Screening	4	4	3	3	2	4	4	4
18.1b	Follow-up Care for Children Prescribed ADHD - Initiation (ADD)	2	2	2	3	4	1	3	2
18.2b	(ADD) - Continuation and Maintenance Phase	3	3	*	2	*	1	3	3

1 = results are >= 75% of states reporting, 2 = results > median but < 75%, 3 = results < median, but > 25%, 4 = results <= 25% of states reporting.

AI/AN = American Indian/Alaskan Native, H/PI = Hawaiian/Pacific Islander, MT2R = More than two races, Other/UK = Other/Unknown race.

FUH = Follow-up after hospitalization for mental illness.

APP = Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

APM = Metabolic Monitoring for Children and Adolescents on Antipsychotics.

* Results not available because stratification does not exist or rate suppressed due to HCA small number policy.

Comparison of Performance by Apple Health Service Delivery Model for 2022

There were three Apple Health payer types in which clients were enrolled: managed care organizations (MCO), fee-for-service (FFS), and Primary Care Case Management (PCCM). The payer data presented in this report is based on the Apple Health client enrollment and eligible criteria. The number of eligible clients who received services were specific to each metric and varied by different payers. Molina Healthcare of Washington, one of our five current MCOs, continues to be the largest payer for the Apple Health covered population.

The rates of the following metrics varied by Apple Health payer type:

- While sample sizes are relatively small, services through PCCM showed different comparative rates in several metrics compared to that of FFS and MCOs for most years.

- The overwhelming majority of Apple Health beneficiaries in Washington (85 percent)²¹ are enrolled in managed care. Between 2018 through 2022, five MCOs—Amerigroup Washington Inc²², Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, and United Healthcare Community Plan—served Apple Health clients.
 - MCOs had higher comparative rates (desirable) on **Immunization for Adolescents** compared to FFS/PCCM.
 - MCOs had higher comparative rates (desirable) on **Human Papillomavirus Vaccine** compared to FFS/PCCM.
 - MCOs had lower comparative rates (undesirable) on **Timely Prenatal Care** compared to FFS/PCCM.
 - MCOs had higher comparative rates (undesirable) on **Ambulatory Care – Emergency Department Visits for Ages 0-1 Year** compared to FFS/PCCM.
- Rates on **Immunizations, Well-Child Visits in the First 15 Months of Life, Well-Child Visits for Ages 15-30 months, Child and Adolescent Well-Care Visits Ages 3-21 years, and Comprehensive or Periodic Oral Evaluations** were higher for MCOs than FFS.
- Rates on **Contraceptive Care among all women ages 15-20** were higher in FFS, while the rates of the same metric among postpartum women were lower in FFS than MCOs.

Newborn care practices

RCW 74.09.475 was established in 2017 and requires two newborn practices for all health care facilities that provide newborn delivery services. Those newborn practices include birthing facilities need to have policies and procedures on skin-to-skin placement of newborn with parent immediately following birth and on rooming-in practices for newborns and their gestational parent for their post-delivery stay. Washington State has and continues to perform well in these practices as we have had near universal policies on skin-to-skin and rooming-in for newborns prior to the 2017 legislation which was confirmed by outreach and inquiry to birthing facilities.

Additionally, the 2022 Centers for Disease Control (CDC) Maternity Practices in Infant Nutrition and Care (mPINC™) survey included a maternity and newborn care practices score of 86 out of 100 for Washington State, compared to a national average score of 81 (62 percent of 58 eligible hospitals in Washington participated in the survey)²³. This survey showed that, in Washington, 81 percent of newborns remained in uninterrupted skin-to-skin contact for at least one hour or until breastfed (for a vaginal delivery). Additionally, 64 percent of newborns remained in uninterrupted skin-to-skin contact for at least one hour or until breastfed (for a cesarean delivery). Rooming-in for 24 hours/day for mother-infant dyads was practiced universally (100 percent) by all reporting hospitals.

²¹ Per Health Care Authority hca.wa.gov/about-hca/client-eligibility-data-dashboard. Accessed May 1, 2024.

²² Amerigroup Washington Inc. changed its name to Wellpoint effective January 1, 2024 and will be reflected in reports using data on or after implementation date.

²³ Full report for Washington State CDC Maternity Practices in Infant Nutrition and Care survey can be found in Appendix D.

We do not, however, have a mechanism to directly measure adherence to the two newborn care practices in RCW 74.09.475, or to subsequently compare Washington State performance directly to other states. The reasons for this are:

- The data on these two newborn practices are very difficult to collect, as they are embedded in medical records (electronic health record – EHR) and not available in administrative data. Further, these practices are standards of care and may not be routinely documented.
- Facility policies and documentation of rooming-in and skin-to-skin are not routinely captured/documented.
- Facilities do not have the staff resources to extract medical records to obtain this data that may be available in medical records.
- There are no nationally vetted performance metrics for these two newborn practices and therefore, no way to compare Washington State nationally.

Understanding the importance of both rooming-in and skin-to-skin, HCA added language around these newborn practices to billing guide updates on July 1, 2020. The Inpatient Hospital guide and the Planned Home Birth and Birth Centers guide include the language below:

RCW 74.09.475: required newborn practices to promote breastfeeding

- Hospitals providing childbirth services must implement policies and procedures to promote the following practices, which positively impact the initiation of breastfeeding:
 - Skin-to-skin placement of the newborn on the mother's chest immediately following birth.
 - Rooming-in practices in which the newborn and the mother share the same room for the duration of their post-delivery stay at the birth center.
 - The agency provides for exceptions to these requirements when skin-to-skin placement or rooming-in are contraindicated for the health and well-being of either mother or newborn.

Conclusion

Some identified metrics revealed where our state can target improvement efforts, and the strategies for improvement vary by specific metrics. The small undesirable differences between our state's rates and the national medians suggest improving our rates and rankings is feasible. Improving performance in Immunizations, Well-Child Visits for Children, and Adolescents Well-Care Visits may require new strategies, yet the improving trends for some metrics from 2018 to 2022 are promising.

We observed large differences for children across racial and ethnic groups in many metrics. The patterns of racial/ethnic disparities varied for metrics related to prenatal care, delivery, and infant and child health service utilization. We continued to perform well in perinatal care and immunizations for adolescents compared to other states. We are unable to directly report on the newborn practices identified in RCW 79.09.475 but believe they are routine standard of practice across birthing hospitals in Washington.

HCA continues to partner with Department of Health (DOH), the Department of Children Youth and Families (DCYF), and other organizations (e.g., Washington State Hospital Association, the Washington Chapter of the American Academy of Pediatrics, the Midwives Association of Washington State, March of Dimes, Obstetrical Care Outcomes Assessment Program, American College of Obstetricians and Gynecologists, and other professional associations) on quality improvement efforts to sustain and improve rates moving forward. The Health Care Authority's MCO partners are critical in all quality improvement and performance improvement plans for the Apple Health covered population who are enrolled in managed care.

Current collaborative initiatives focus on increasing access to contraceptive care across the state, improving quality and utilization of prenatal and postpartum care, incentivizing midwifery-led care, moving towards Apple Health reimbursement for doulas, improving maternal and childhood immunization rates, strengthening our Early Intervention services (Early Supports for Infants and Toddlers – ESIT), assessing and improving our EPSDT services for all children and youth, implementing a new community health worker (CHW) benefit in Apple Health/Medicaid, exploring opportunities and levers for behavioral integration in pediatric primary care, the multi-payer Primary Care Transformation Model, and others.

Appendix A: Background and Technical Notes

HCA chose metrics used by CMS, MCOs, Accountable Communities of Health (ACH), and HCA for monitoring performance and outcomes of the state. The metrics, detailed definitions, data sources, production years, and the number of states reporting for each year are listed on the next page. Data to calculate the metrics came from Medicaid claims, encounters, and eligibility records from the Medicaid Management Information System (ProviderOne), vital records²⁴, and immunization history.

CMS Child Core Set metric data limitations

When comparing a state's CMS Child Core Set metric data to the national data contained in the CMS Annual Report, it is important to consider the following limitations:

- Currently, there are no national benchmarks for the Child Core Set metrics.
- Currently, each metric's national median is based on the number of states reporting and the data states voluntarily report each year.
- Some states do not report on some metrics, and not every state reports on the same metrics each year.
- State rankings on a metric may not be comparable between years.
- A lower ranking on a metric does not necessarily indicate a larger gap between that state's rate and the national median, especially when the difference between the state's rate and the national median is relatively small.
- Child Core Set metrics focus on a narrow range of behavioral health diagnoses and treatments which may not reflect the broader behavioral health prevalence in the Medicaid/CHIP population.

²⁴ Vital records include birth certificates from the Health Center for Health Statistics of DOH, individually linked to Medicaid clients in the First Steps Database, HCA. For CMS reported rates, the reported state rate is calculated based on State Vital Records submitted to the National Center for Health Statistics (NCHS) National Vital Statistics System.

Maternal and Perinatal Health												
Table	Measure	Definition	Data Source	Years and Number of States Reporting								
				2018	2019	2020	2021	2022	2023	2024	2025	
1	Timeliness of Prenatal Care (PPC)	The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Apple Health, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery.	Birth certificates linked to Apple Health claims and eligibility data	39	42	40	45	47	●	●	●	
2	Low Birth Weight (LBW)	Percentage of live births that weighed less than 2,500 grams (5.5 pounds).	Birth certificates linked to Apple Health claims and eligibility data	25	51	52	52	52	●	●	●	
3	Low Risk Cesarean Delivery (LRCD)	Percentage of women that had a Cesarean delivery among women with first live singleton births in a cephalic presentation (head-first) at 37 weeks gestation or later, also known as Nulliparous, Term, Singleton, Vertex (NTSV).	Birth Certificates (linked to Apple Health claims and eligibility)	○	○	○	52	52	●	●	●	
4.1	Contraceptive Care - All Women: Ages 15-20 Years (CCW)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception during the measurement year.	Apple Health claims and eligibility data	26	28	37	39	40	●	●	●	

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Maternal and Perinatal Health

Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
4.2	Contraceptive Care - All Women: Ages 15-20 Years (CCW-LARC)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a long-acting reversible contraception (LARC).	Apple Health claims and eligibility data	25	27	37	39	40	●	●	●
5.1	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP)	The percent of women ages 15–20 who were provided a most effective or moderately effective method of contraception within 60 days of delivery.	Apple Health claims and eligibility data	31	32	36	39	40	●	●	●
5.2	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP-LARC)	The percent of women ages 15–20 who were provided a LARC within 60 days of delivery.	Apple Health claims and eligibility data	31	32	36	38	40	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Primary Care Access and Preventative Care

Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
6.1	Well-Child Visits in the First 15 Months of Life (W30 (Rate 1))	Percentage of children that turned 15 months old during the measurement year and had six or more well-child visits during their first 15 months of life.	Apple Health claims and eligibility data with vital statistics linkage	47	48	50	48	48	●	●	●
6.2	Well-Child Visits: Age 15-30 Months (W30 (Rate 2))	Percentage of children ages 15-30 months that had two or more well-child visits during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	○	○	○	48	48	●	●	●
7.1	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years	Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	○	○	○	49	50	●	●	●
7.2	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years	Percentage of children ages 3 to 11 who had at least one comprehensive well-care visit during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	○	○	○	47	49	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Primary Care Access and Preventative Care

Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
7.3	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years	Percentage of children ages 12 to 17 who had at least one comprehensive well-care visit during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	○	○	○	47	49	●	●	●
7.4	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years	Percentage of children ages 18 to 21 who had at least one comprehensive well-care during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	○	○	○	47	49	●	●	●
8.1	Childhood Immunizations Status (CIS) - Combination 3	Percentage of children who turned 2 years of age during the measurement year and had specific vaccines by their second birthday. The measure calculates a rate for each vaccine and combination rates.	Apple Health claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)	26	28	37	39	40	●	●	●
8.2	Childhood Immunizations Status (CIS) - Combination 10	Percentage of children who turned 2 years of age during the measurement year and had specific vaccines by their second birthday. The measure calculates a rate for each vaccine and combination rates.	Apple Health claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)	○	○	○	46	48	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Primary Care Access and Preventative Care

Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
9.1	Immunizations for Adolescents (IMA) - Combination 1	Percentage of adolescents who turned 13 years old during the measurement year and had one dose of meningococcal vaccine, and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. This measure calculates a rate for each vaccine and combination rates.	Apple Health claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)	○	○	○	47	49	●	●	●
9.2	Immunizations for Adolescents (IMA) – Human Papillomavirus Vaccine (HPV)	Percentage of adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus vaccine or at least two HPV vaccines separated by a minimum of 146 days by their 13th birthday.	Administrative data linked to immunization registry data (Washington State Immunization Information System)	44	45	45	48	47	●	●	●
10.1	Chlamydia Screening in Women Ages 16–20 Years (CHL)	Percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Apple Health claims and eligibility data with vital statistics linkage	44	47	47	48	49	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Care of Acute and Chronic Conditions											
Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
11.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	Rate of ED visits per 1,000 beneficiary months among children up to age 19. This measure is reported to CMS as an overall and calculated for three age groups for State reporting: less than 1, 1 to 9, and 10 to 19.	Apple Health claims and eligibility data with vital statistics linkage Administrative	44	47	46	46	46	○	○	○

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Dental and Oral Health Services											
Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
12.1	Oral Evaluation, Dental Services (OEV): Under 21 Years of Age	The percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year	Apple Health claims and eligibility data with vital statistics linkage Administrative	○	○	○	○	27	●	●	●
13.1	Topical Fluoride for Children: Ages 1-20 Years	The percentage of enrolled children ages 1 to 20 who received at least two topical fluoride applications as dental or oral health services within the measurement year	Apple Health claims and eligibility data with vital statistics linkage Administrative	○	○	○	○	25	●	●	●
14.1	Sealant Receipt on Permanent First Molars: At least one sealant (SFM)	The percentage of enrolled children who received at least one sealant on a permanent first molar tooth by their 10th birthday.	Apple Health claims and eligibility data with vital statistics linkage Administrative	○	○	○	30	30	●	●	●
14.2	Sealant Receipt on Permanent First Molars: All Four Molars Sealed (SFM)	The percentage of enrolled children who received sealants on all four permanent first molars by their 10th birthday.	Apple Health claims and eligibility data with vital statistics linkage Administrative	○	○	○	30	30	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Behavioral Health Care												
Table	Measure	Definition	Data Source	Years and Number of States Reporting								
				2018	2019	2020	2021	2022	2023	2024	2025	
15.1	Follow-Up Hospitalizations for Mental Illness: Ages 6-17 Years (30-day follow-up)	The percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year	Apple Health claims and eligibility data	○	44	45	46	48	●	●	●	
15.2	Follow-Up Hospitalizations for Mental Illness: Ages 6-17 Years (7-day follow-up)	The percentage of enrolled children ages 1 to 20 who received at least two topical fluoride applications as dental or oral health services within the measurement year	Apple Health claims and eligibility data	○	44	44	45	48	●	●	●	
16.1	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 - 17 Years (APP)	The percentage of enrolled children who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Apple Health claims and eligibility data	○	○	39	42	47	●	●	●	
17.1	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose	The percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and received blood glucose testing during the measurement year	Apple Health claims and eligibility data	○	○	37	45	45	●	●	●	

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Behavioral Health Care											
Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
17.1	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose	The percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and received blood glucose testing during the measurement year	Apple Health claims and eligibility data	○	○	37	45	45	●	●	●
17.2	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Cholesterol Screening	The percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and received cholesterol screening during the measurement year	Apple Health claims and eligibility data	○	○	37	44	45	●	●	●
17.3	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose and Cholesterol Screening	The percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and received blood glucose testing and cholesterol screening during the measurement year	Apple Health claims and eligibility data	○	○	38	45	46	●	●	●
18.1	Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder - Initiation (ADD)	The percentage of children and adolescents ages 6 to 12 newly prescribed medication for ADHD who had at least one visit during the 30-day initiation phase	Apple Health claims and eligibility data	40	40	45	48	50	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

Behavioral Health Care											
Table	Measure	Definition	Data Source	Years and Number of States Reporting							
				2018	2019	2020	2021	2022	2023	2024	2025
18.2	Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder - Continuation and Maintenance Phase (ADD)	The percentage of children and adolescents ages 6 to 12 newly prescribed medication for ADHD who had at least two visits during the 9-month continuation and maintenance phase	Apple Health claims and eligibility data	40	40	44	48	49	●	●	●

Note: ○ = metric not included in CMS Core Set that year. ● = metric included in CMS Core Set that year.

National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

The CDC has conducted annual or biennial surveys to hospitals and childbirth centers since 2007. The survey asks questions about policies, practices, and protocols related to staff training, newborn/maternal contact, infant feeding, and discharge planning. This is voluntary, and CDC does not provide individual facility responses. In 2018, CDC changed the mPINC survey design and collected information on birthing hospitals only.

The CDC calculates scores on a scale from 0–100 for most individual survey items. Higher scores mean better maternity care practices and policies. CDC calculates facility mPINC subscores across six maternity care practice domains, which in turn contribute to every facility's Total Facility mPINC Score. The maternity practice domains are:

1. Immediate Postpartum Care
2. Rooming-In
3. Feeding Practices
4. Feeding Education & Support
5. Discharge Support
6. Institutional Management

The following tables contain mPINC survey metrics in the Immediate Postpartum Care and Rooming-In domains that are relevant to skin-to-skin contact and rooming-in practices.

Table 2: Immediate postpartum care

Measure	Explanation	Survey item	Scoring
Immediate skin-to-skin contact	After vaginal delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers immediately after birth ... - if breastfeeding, until the first breastfeeding is completed. - if not breastfeeding, for at least one hour.	C1_a1 C1_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.
	After Cesarean-delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert ... - if breastfeeding, until the first breastfeeding is completed. - if not breastfeeding, for at least one hour.	C2_a1 C2_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.
Transition	Percent of vaginally delivered newborns separated from their mothers before starting rooming-in.	C3	100 = Few 70 = Some 30 = Many 0 = Most OR Not an Option
Monitoring following birth	Percent of newborns who receive continuous observed monitoring throughout the first two hours immediately following birth.	C5	100 = Most 70 = Many 30 = Some 0 = Few
	Immediate Postpartum Care Subscore		Mean of the 4 item scores [†]

[†]The subscore for hospitals with a valid skip for immediate skin-to-skin after Cesarean delivery was the mean of three items scored.

Table 3: Rooming-In

Measure	Explanation	Survey item	Scoring
Rooming-In	Percent of newborns who stay in the room with their mothers for 24 hours/day (not including separation for medical reasons).	C4_a1	100: 80%+ 70: 50-79% 30: 20-49% 0: <20%
Mother-infant separation	Indicates usual location of newborns during... - pediatric exams/rounds. - hearing screening.	C6_a1 C6_a2 C6_a4 C6_a5	100 = in mother's room for all 5 situations

Measure	Explanation	Survey item	Scoring
	- pulse oximetry screening. - routine labs/blood draws/injections. - newborn bath.	C6_a6	70 = removed from mother's room for 1-2 situations 30 = removed from mother's room for 3-4 situations 0 = removed from mother's room for all 5 situations
Rooming-in safety	Indicates whether your hospital has a protocol requiring frequent observations of high-risk mother-infant dyads by nurses to ensure safety of the infant while they are together.	C7	100 = Yes 0 = No
	Rooming-In Subscore		Mean of the three item scores

Appendix B: Detailed Performance Tables, 2018-2022

Table 1a: Timeliness of Prenatal Care (PPC), by Health Care Delivery Model 2018-2022

Measure PPC -- Timeliness of Prenatal Care

**Prenatal Care in the First Trimester or Within 42 Days of Medicaid Enrollment for Washington Medicaid Clients with Births
by Delivery System 2018-2022**

	2018			2019			2020			2021			2022		
	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)
Medicaid Managed Care Plan															
Amerigroup Washington Inc	2,222	1,893	85.2%	2,433	2,065	84.9%	2,608	2,295	88.0%	2,456	2,117	86.2%	2,504	2,164	86.4%
Community Health Plan of WA	3,890	3,365	86.5%	3,382	2,930	86.6%	2,478	2,207	89.1%	2,576	2,298	89.2%	2,767	2,423	87.6%
Coordinated Care of WA	2,854	2,497	87.5%	2,393	2,077	86.8%	2,212	1,993	90.1%	2,171	1,939	89.3%	2,357	2,090	88.7%
Molina Healthcare of WA	12,565	11,001	87.6%	11,986	10,430	87.0%	12,238	10,958	89.5%	12,410	11,045	89.0%	12,605	11,067	87.8%
UnitedHealthcare Community Plan	3,051	2,660	87.2%	2,133	1,813	85.0%	2,314	2,043	88.3%	2,200	1,918	87.2%	2,247	1,915	85.2%
Medicaid Managed Care	24,582	21,416	87.1%	22,327	19,315	86.5%	21,850	19,496	89.2%	21,813	19,317	88.6%	22,480	19,659	87.5%
Medicaid Fee for Service	5,295	4,696	88.7%	4,768	4,304	90.3%	4,377	3,938	90.0%	4,156	3,760	90.5%	4,632	4,067	87.8%
Total Medicaid	29,877	26,112	87.4%	27,095	23,619	87.2%	26,227	23,434	89.4%	25,969	23,077	88.9%	27,112	23,726	87.5%

Timely PNC includes those who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid enrollment.

Eligible deliveries include live births during the measurement year to women who were continuously enrolled in Medicaid from 43 days prior to the delivery to 60 days after the delivery. **Excludes** deliveries by women who are eligible for both Medicaid and Medicare, women with full third-party liability, women who use hospice services or benefits during the measurement year, and women who died during the measurement year; and records with missing information about when prenatal care began (4.9% in 2022) that also had no prenatal care claims within 42 days of Medicaid enrollment.

Plan listed is managed care plan the woman was enrolled in during month of delivery. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 1b: Timeliness of Prenatal Care (PPC), by Race/Ethnicity 2018-2022

Measure PPC -- Timeliness of Prenatal Care Prenatal Care in the First Trimester or Within 42 Days of Medicaid Enrollment for Washington Medicaid Clients with Births by Race/Ethnicity (Mutually Exclusive) 2018-2022															
	2018			2019			2020			2021			2022		
	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)	Birthing Clients (N)	Timely PNC (N)	Timely PNC (%)
Hispanic	9,667	8,617	89.1%	9,034	8,093	89.6%	8,858	8,066	91.1%	8,838	8,105	91.7%	9,593	8,589	89.5%
Not Hispanic or Ethnicity Unknown															
White	13,084	11,477	87.7%	11,456	10,045	87.7%	10,926	9,772	89.4%	10,763	9,544	88.7%	10,559	9,291	88.0%
Asian	1,445	1,311	90.7%	1,309	1,169	89.3%	1,179	1,076	91.3%	1,136	1,049	92.3%	1,262	1,138	90.2%
Black	2,053	1,774	86.4%	1,870	1,534	82.0%	1,909	1,652	86.5%	1,829	1,574	86.1%	1,957	1,695	86.6%
American Indian/Alaska Native	679	511	75.3%	595	476	80.0%	563	469	83.3%	511	412	80.6%	489	378	77.3%
Hawaiian/Pacific Islander	715	532	74.4%	690	505	73.2%	693	548	79.1%	674	497	73.7%	818	600	73.3%
More Than One Race	1,390	1,182	85.0%	1,290	1,095	84.9%	1,280	1,125	87.9%	1,284	1,099	85.6%	1,265	1,070	84.6%
Other/Unknown	844	708	83.9%	851	702	82.5%	819	726	88.6%	934	797	85.3%	1,169	965	82.5%
Total Medicaid	29,877	26,112	87.4%	27,095	23,619	87.2%	26,227	23,434	89.4%	25,969	23,077	88.9%	27,112	23,726	87.5%

Timely PNC includes those who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid enrollment.

Eligible deliveries include live births during the measurement year to women who were continuously enrolled in Medicaid from 43 days prior to the delivery to 60 days after the delivery. **Excludes** deliveries by women who are eligible for both Medicaid and Medicare, women with full third-party liability, women who use hospice services or benefits during the measurement year, and women who died during the measurement year; and records with missing information about when prenatal care began (4.9% in 2022) that also had no prenatal care claims within 42 days of Medicaid enrollment.

Race/Ethnicity categories are mutually exclusive. Women categorized as Hispanic may be of any race.

Table 2a: Low Birth Weight (LBW), by Health Care Delivery Model 2018-2022

Measure LBW -- Low Birth Weight Low Birth Weight (<2500 g) by Delivery System Live Births 2018-2022 All Deliveries															
	2018			2019			2020			2021			2022		
	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Medicaid Managed Care Plan															
Amerigroup Washington Inc	3,019	226	7.5%	3,536	263	7.4%	3,639	273	7.5%	3,452	264	7.6%	3,428	284	8.3%
Community Health Plan of WA	5,083	383	7.5%	4,813	332	6.9%	3,602	246	6.8%	3,585	297	8.3%	3,911	297	7.6%
Coordinated Care of Washington	3,727	270	7.2%	3,345	253	7.6%	3,011	237	7.9%	2,962	229	7.7%	3,217	235	7.3%
Molina Healthcare of WA	16,766	1,165	6.9%	17,056	1,217	7.1%	17,451	1,276	7.3%	17,548	1,325	7.6%	17,413	1,336	7.7%
UnitedHealthcare Community Plan	4,392	353	8.0%	3,291	227	6.9%	3,547	260	7.3%	3,529	303	8.6%	3,448	268	7.8%
Medicaid Managed Care	32,987	2,397	7.3%	32,041	2,292	7.2%	31,250	2,292	7.3%	31,076	2,418	7.8%	31,417	2,420	7.7%
Medicaid Fee for Service	6,970	495	7.1%	6,398	453	7.1%	5,775	437	7.6%	5,478	421	7.7%	5,913	434	7.3%
Total Medicaid	39,957	2,892	7.2%	38,439	2,745	7.1%	37,025	2,729	7.4%	36,554	2,839	7.8%	37,330	2,854	7.6%
Total Non-Medicaid	44,472	2,639	5.9%	44,843	2,575	5.7%	44,445	2,672	6.0%	45,566	2,829	6.2%	44,136	2,770	6.3%
State Total	84,429	5,531	6.6%	83,282	5,320	6.4%	81,470	5,401	6.6%	82,120	5,668	6.9%	81,466	5,624	6.9%
Eligible births include live births to Washington residents during the measurement year. Excludes records with missing or invalid birth weight information.															
Medicaid includes individuals with Medicaid-paid perinatal care claims/encounters and individuals who were enrolled in a state contracted capitated managed care plan for at least three of the last six months before delivery. Managed care includes individuals enrolled in a state-contracted Medicaid managed care plan during the month of delivery or closest enrollment month prior to delivery. Plan listed is enrollment plan during month of delivery or closest enrollment month															

Table 2b: Low Birth Weight (LBW), by Race/Ethnicity 2018-2022

Measure LBW -- Low Birth Weight															
Low Birth Weight (<2500 g) by Maternal Race/Ethnicity (Mutually Exclusive)															
Live Births 2018-2022 All Deliveries															
	2018			2019			2020			2021			2022		
	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Medicaid															
Hispanic	12,080	810	6.7%	11,908	833	7.0%	11,697	803	6.9%	11,608	841	7.2%	12,400	857	6.9%
Not Hispanic or Ethnicity Unknown															
White	18,273	1,223	6.7%	17,077	1,134	6.6%	16,211	1,073	6.6%	15,752	1,152	7.3%	15,256	1,140	7.5%
Asian	1,991	168	8.4%	1,937	172	8.9%	1,762	149	8.5%	1,701	150	8.8%	1,822	155	8.5%
Black	2,711	254	9.4%	2,648	240	9.1%	2,630	281	10.7%	2,564	260	10.1%	2,678	261	9.7%
American Indian/Alaska Native	934	76	8.1%	846	73	8.6%	776	64	8.2%	698	71	10.2%	660	50	7.6%
Hawaiian/Pacific Islander	954	77	8.1%	996	52	5.2%	974	77	7.9%	962	82	8.5%	1,110	82	7.4%
More Than One Race	1,936	183	9.5%	1,877	143	7.6%	1,861	167	9.0%	1,840	152	8.3%	1,845	163	8.8%
Other/Unknown	1,078	101	9.4%	1,150	98	8.5%	1,114	115	10.3%	1,429	131	9.2%	1,559	146	9.4%
Total Medicaid	39,957	2,892	7.2%	38,439	2,745	7.1%	37,025	2,729	7.4%	36,554	2,839	7.8%	37,330	2,854	7.6%
Non-Medicaid															
Hispanic	3,845	246	6.4%	4,096	235	5.7%	4,184	277	6.6%	4,454	296	6.6%	4,519	280	6.2%
Not Hispanic or Ethnicity Unknown															
White	29,698	1,501	5.1%	29,430	1,473	5.0%	29,064	1,527	5.3%	29,245	1,534	5.2%	27,562	1,480	5.4%
Asian	6,890	560	8.1%	7,113	545	7.7%	6,834	519	7.6%	7,212	623	8.6%	7,521	657	8.7%
Black	1,188	131	11.0%	1,234	120	9.7%	1,308	139	10.6%	1,220	119	9.8%	1,258	136	10.8%
American Indian/Alaska Native	268	17	6.3%	223	17	7.6%	239	20	8.4%	260	24	9.2%	203	11	5.4%
Hawaiian/Pacific Islander	235	20	8.5%	261	17	6.5%	291	19	6.5%	261	24	9.2%	221	19	8.6%
More Than One Race	1,643	121	7.4%	1,653	103	6.2%	1,656	106	6.4%	1,746	118	6.8%	1,798	112	6.2%
Other/Unknown	705	43	6.1%	833	65	7.8%	869	65	7.5%	1,168	91	7.8%	1,054	75	7.1%
Total Non-Medicaid	44,472	2,639	5.9%	44,843	2,575	5.7%	44,445	2,672	6.0%	45,566	2,829	6.2%	44,136	2,770	6.3%
State Total	84,429	5,531	6.6%	83,282	5,320	6.4%	81,470	5,401	6.6%	82,120	5,668	6.9%	81,466	5,624	6.9%
Eligible births include live births to Washington residents during the measurement year. Excludes records with missing or invalid birth weight information.															
Medicaid includes individuals with Medicaid-paid perinatal care claims/encounters and individuals who were enrolled in a state contracted capitated managed care plan for at least three of the last six months before delivery. Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race.															
Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.															

Table 3a: NTSV Cesarean section, by Health Care Delivery Model 2018-2022

Cesarean Delivery Rate (NTSV)															
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Delivery System 2018-2022															
	2018			2019			2020			2021			2022		
	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Medicaid Managed Care Plan															
Amerigroup Washington Inc	891	196	22.0%	1,049	234	22.3%	1,043	242	23.2%	931	227	24.4%	879	192	21.8%
Community Health Plan of WA	1,491	320	21.5%	1,391	263	18.9%	975	194	19.9%	978	223	22.8%	1,175	257	21.9%
Coordinated Care of WA	1,066	209	19.6%	943	182	19.3%	856	170	19.9%	810	185	22.8%	906	202	22.3%
Molina Healthcare of WA	4,473	926	20.7%	4,462	930	20.8%	4,592	1,016	22.1%	4,310	918	21.3%	4,306	948	22.0%
UnitedHealthcare Community Plan	1,246	270	21.7%	1,007	232	23.0%	1,054	240	22.8%	963	224	23.3%	895	237	26.5%
Medicaid Managed Care	9,167	1,921	21.0%	8,852	1,841	20.8%	8,520	1,862	21.9%	7,992	1,777	22.2%	8,161	1,836	22.5%
Medicaid Fee for Service	1,426	301	21.1%	1,326	291	21.9%	1,228	285	23.2%	1,147	290	25.3%	1,260	312	24.8%
Total Medicaid	10,593	2,222	21.0%	10,178	2,132	20.9%	9,748	2,147	22.0%	9,139	2,067	22.6%	9,421	2,148	22.8%
Total Non-Medicaid	16,721	4,096	24.5%	16,997	4,068	23.9%	16,948	4,273	25.2%	16,591	4,217	25.4%	16,492	4,465	27.1%
State Total	27,314	6,318	23.1%	27,175	6,200	22.8%	26,696	6,420	24.0%	25,730	6,284	24.4%	25,913	6,613	25.5%

A lower rate indicates better performance. **C-Sec** = C-Section. **NTSV**=nulliparous, term, single, vertex.

Eligible births include in-state live births to Washington residents during the measurement year which were nulliparous (first birth), carried to term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), and in a cephalic presentation (head-first). **Excludes** records with missing or invalid birth weight information, cases transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital.

Medicaid includes individuals with Medicaid-paid perinatal care claims/encounters and individuals who were enrolled in a state contracted capitated managed care plan for at least three of the last six months before delivery. **Managed care** includes individuals enrolled in a state-contracted Medicaid managed care plan during the month of delivery or closest enrollment month prior to delivery. **Plan** listed is enrollment plan during month of delivery or closest enrollment month prior to delivery. The CMS Child Core Set measure Low Risk Cesarean Delivery, which CMS collects from CDC Wonder, differs from results presented here in that CMS calculates the measure based on birth certificate indication of Medicaid as payor for delivery, whereas this table is based on receipt of Medicaid-paid perinatal care (delivery and/or care during pregnancy), and vital statistics linkage to Medicaid records, resulting in a greater number of records indicated as Medicaid.

Table 3b: NTSV Cesarean section, by Race/Ethnicity 2018-2022

Cesarean Delivery Rate (NTSV)

Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity (Mutually Exclusive) 2018-2022

	2018			2019			2020			2021			2022		
	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Medicaid															
Hispanic	2,927	580	19.8%	2,997	558	18.6%	3,033	591	19.5%	2,920	628	21.5%	3,203	700	21.9%
Not Hispanic or Ethnicity Unknown															
White	5,077	1,043	20.5%	4,657	939	20.2%	4,326	950	22.0%	4,050	870	21.5%	3,938	847	21.5%
Asian	656	157	23.9%	586	134	22.9%	534	135	25.3%	452	118	26.1%	498	132	26.5%
Black	699	195	27.9%	682	216	31.7%	595	176	29.6%	575	177	30.8%	545	185	33.9%
American Indian/Alaska Native	205	33	16.1%	197	36	18.3%	175	34	19.4%	155	24	15.5%	145	32	22.1%
Hawaiian/Pacific Islander	201	54	26.9%	220	53	24.1%	213	62	29.1%	182	69	37.9%	243	64	26.3%
More Than One Race	609	115	18.9%	574	133	23.2%	602	130	21.6%	536	120	22.4%	518	112	21.6%
Other/Unknown	219	45	20.5%	265	63	23.8%	270	69	25.6%	269	61	22.7%	331	76	23.0%
Total Medicaid	10,593	2,222	21.0%	10,178	2,132	20.9%	9,748	2,147	22.0%	9,139	2,067	22.6%	9,421	2,148	22.8%
Non-Medicaid															
Hispanic	1,505	368	24.5%	1,527	336	22.0%	1,581	441	27.9%	1,649	427	25.9%	1,669	427	25.6%
Not Hispanic or Ethnicity Unknown															
White	10,794	2,508	23.2%	10,806	2,424	22.4%	10,817	2,507	23.2%	10,357	2,398	23.2%	9,990	2,508	25.1%
Asian	2,970	821	27.6%	3,082	877	28.5%	2,965	854	28.8%	2,989	921	30.8%	3,216	1,052	32.7%
Black	424	132	31.1%	445	148	33.3%	447	160	35.8%	392	127	32.4%	418	146	34.9%
American Indian/Alaska Native	83	25	30.1%	71	17	23.9%	65	16	24.6%	87	18	20.7%	75	15	20.0%
Hawaiian/Pacific Islander	66	21	31.8%	69	19	27.5%	98	30	30.6%	65	17	26.2%	65	27	41.5%
More Than One Race	629	157	25.0%	686	174	25.4%	665	168	25.3%	637	171	26.8%	671	177	26.4%
Other/Unknown	250	64	25.6%	311	73	23.5%	310	97	31.3%	415	138	33.3%	388	113	29.1%
Total Non-Medicaid	16,721	4,096	24.5%	16,997	4,068	23.9%	16,948	4,273	25.2%	16,591	4,217	25.4%	16,492	4,465	27.1%
State Total	27,314	6,318	23.1%	27,175	6,200	22.8%	26,696	6,420	24.0%	25,730	6,284	24.4%	25,913	6,613	25.5%

A lower rate indicates better performance. C-Sec = C-Section. NTSV=nulliparous, term, single, vertex.

Eligible births include in-state live births to Washington residents during the measurement year which were nulliparous (first birth), carried to term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), and in a cephalic presentation (head-first). **Excludes** records with missing or invalid birth weight information, cases transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital.

Medicaid includes individuals with Medicaid-paid perinatal care claims/encounters and individuals who were enrolled in a state contracted capitated managed care plan for at least three of the last six months before delivery. The CMS Child Core Set measure Low Risk Cesarean Delivery, which CMS collects from CDC Wonder, differs from results presented here in that CMS calculates the measure based on birth certificate indication of Medicaid as payor for delivery, whereas this table is based on receipt of Medicaid-paid perinatal care (delivery and/or care during pregnancy), and vital statistics linkage to Medicaid records, resulting in a greater number of records indicated as Medicaid.

Race/ethnicity categories are mutually exclusive; those categorized as Hispanic may be of any race

Table 4.1a: Contraceptive Care – Women Ages 15-20 (CCW), By Health Care Delivery Model 2018-2022

Measure CCW: Contraceptive Care -- Women Ages 15-20															
Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	3,425	1,099	32.1%	4,378	1,322	30.2%	5,882	1,550	26.4%	7,310	1,699	23.2%	8,179	1,774	21.7%
Community Health Plan of WA	11,664	3,084	26.4%	10,776	2,798	26.0%	10,962	2,389	21.8%	12,976	2,643	20.4%	13,805	2,538	18.4%
Coordinated Care of WA	8,723	2,588	29.7%	8,476	2,569	30.3%	9,145	2,475	27.1%	10,819	2,675	24.7%	11,595	2,605	22.5%
Molina Healthcare of WA Inc	34,647	10,722	30.9%	34,982	10,708	30.6%	41,547	11,463	27.6%	48,940	12,351	25.2%	52,521	12,164	23.2%
United Health Care Community Plan	5,834	1,794	30.8%	4,588	1,347	29.4%	6,050	1,663	27.5%	7,600	1,904	25.1%	8,339	1,832	22.0%
Uncategorized	11,488	3,209	27.9%	12,028	3,505	29.1%	9,470	2,379	25.1%	6,801	1,598	23.5%	6,376	1,392	21.8%
Medicaid Managed Care	75,781	22,496	29.7%	75,228	22,249	29.6%	83,056	21,919	26.4%	94,446	22,870	24.2%	100,815	22,305	22.1%
Medicaid Fee for Service	3,192	1,232	38.6%	3,389	1,287	38.0%	3,097	939	30.3%	3,310	901	27.2%	3,443	902	26.2%
Total	78,973	23,728	30.0%	78,617	23,536	29.9%	86,153	22,858	26.5%	97,756	23,771	24.3%	104,258	23,207	22.3%

Most or moderately effective FDA-approved contraception methods include female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring. Claims and encounters for the measurement year may not identify continued use of some methods which may have been initiated prior to the measurement year.

Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. **Excludes** women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last three months of the measurement year; and women who were pregnant at the end of the measurement year.

Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Women may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a woman had more months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 4.1b: Contraceptive Care – Women Ages 15-20 (CCW), By Race/Ethnicity 2018-2022

Measure CCW: Contraceptive Care -- Women Ages 15-20															
Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception															
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	25,911	6,294	24.3%	26,816	6,671	24.9%	30,355	6,670	22.0%	34,387	7,036	20.5%	36,910	6,812	18.5%
Not Hispanic or Ethnicity Unknown															
White	33,979	12,611	37.1%	32,735	12,102	37.0%	34,535	11,492	33.3%	38,093	11,745	30.8%	39,461	11,347	28.8%
Asian	3,455	673	19.5%	3,308	684	20.7%	3,535	656	18.6%	3,981	620	15.6%	4,229	570	13.5%
Black	5,632	1,408	25.0%	5,575	1,367	24.5%	6,094	1,294	21.2%	6,908	1,338	19.4%	7,481	1,286	17.2%
American Indian/Alaska Native	3,031	1,030	34.0%	3,005	1,013	33.7%	3,200	989	30.9%	3,526	958	27.2%	3,699	970	26.2%
Hawaiian/Pacific Islander	2,153	418	19.4%	2,116	373	17.6%	2,402	376	15.7%	3,106	444	14.3%	3,451	475	13.8%
More Than One Race	1,264	484	38.3%	1,269	472	37.2%	1,387	464	33.5%	1,624	495	30.5%	1,816	492	27.1%
Other/Unknown	3,548	810	22.8%	3,793	854	22.5%	4,645	917	19.7%	6,131	1,135	18.5%	7,211	1,255	17.4%
Total	78,973	23,728	30.0%	78,617	23,536	29.9%	86,153	22,858	26.5%	97,756	23,771	24.3%	104,258	23,207	22.3%
Most or moderately effective FDA-approved contraception methods include female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring. Claims and encounters for the measurement year may not identify continued use of some methods which may have been initiated prior to the measurement year.															
Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. Excludes women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last three months of the measurement year; and women who were pregnant at the end of the measurement year.															

Table 4.2a: Contraceptive Care – Women Ages 15-20 (CCW) - LARC, By Health Care Delivery Model 2018-2022

Measure CCW: Contraceptive Care -- Women Ages 15-20															
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	LARC		TOTAL	LARC		TOTAL	LARC		TOTAL	LARC		TOTAL	LARC	
	ELIGIBLE	% of		ELIGIBLE	% of		ELIGIBLE	% of		ELIGIBLE	% of		ELIGIBLE	% of	
	WOMEN	N	Total	WOMEN	N	Total	WOMEN	N	Total	WOMEN	N	Total	WOMEN	N	Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	3,425	213	6.2%	4,378	262	6.0%	5,882	300	5.1%	7,310	327	4.5%	8,179	313	3.8%
Community Health Plan of WA	11,664	658	5.6%	10,776	546	5.1%	10,962	466	4.3%	12,976	468	3.6%	13,805	460	3.3%
Coordinated Care of WA	8,723	498	5.7%	8,476	511	6.0%	9,145	525	5.7%	10,819	448	4.1%	11,595	451	3.9%
Molina Healthcare of WA Inc	34,647	2,003	5.8%	34,982	2,070	5.9%	41,547	2,004	4.8%	48,940	2,033	4.2%	52,521	2,007	3.8%
United Health Care Community Plan	5,834	341	5.8%	4,588	262	5.7%	6,050	307	5.1%	7,600	318	4.2%	8,339	306	3.7%
Uncategorized	11,488	645	5.6%	12,028	753	6.3%	9,470	470	5.0%	6,801	274	4.0%	6,376	260	4.1%
Medicaid Managed Care	75,781	4,358	5.8%	75,228	4,404	5.9%	83,056	4,072	4.9%	94,446	3,868	4.1%	100,815	3,797	3.8%
Medicaid Fee for Service	3,192	262	8.2%	3,389	305	9.0%	3,097	182	5.9%	3,310	178	5.4%	3,443	156	4.5%
Total	78,973	4,620	5.9%	78,617	4,709	6.0%	86,153	4,254	4.9%	97,756	4,046	4.1%	104,258	3,953	3.8%
LARC = long-acting reversible method of contraception (implant or IUD). Claims and encounters for the measurement year may not identify ongoing LARC use if initiated prior to the measurement year.															
Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. Excludes women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infertile; women who had a live birth in the last three months of the measurement year; and women who were pregnant at the end of the measurement year.															
Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Women may have been enrolled in more than one plan during the year. Uncategorized indicates that a woman had more months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.															

Table 4.2b: Contraceptive Care – Women Ages 15-20 (CCW) - LARC, By Race/Ethnicity 2018-2022

Measure CCW: Contraceptive Care -- Women Ages 15-20															
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)															
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	LARC		TOTAL	LARC		TOTAL	LARC		TOTAL	LARC			LARC	
	ELIGIBLE WOMEN	% of N	Total	ELIGIBLE WOMEN	% of N	Total	ELIGIBLE WOMEN	% of N	Total	ELIGIBLE WOMEN	% of N	Total	ELIGIBLE WOMEN	% of N	Total
Hispanic	25,911	1,319	5.1%	26,816	1,424	5.3%	30,355	1,375	4.5%	34,387	1,257	3.7%	36,910	1,241	3.4%
Not Hispanic or Ethnicity Unknown															
White	33,979	2,387	7.0%	32,735	2,351	7.2%	34,535	2,081	6.0%	38,093	1,928	5.1%	39,461	1,887	4.8%
Asian	3,455	110	3.2%	3,308	139	4.2%	3,535	102	2.9%	3,981	94	2.4%	4,229	94	2.2%
Black	5,632	264	4.7%	5,575	249	4.5%	6,094	196	3.2%	6,908	224	3.2%	7,481	197	2.6%
American Indian/Alaska Native	3,031	227	7.5%	3,005	224	7.5%	3,200	205	6.4%	3,526	193	5.5%	3,699	174	4.7%
Hawaiian/Pacific Islander	2,153	76	3.5%	2,116	75	3.5%	2,402	78	3.2%	3,106	88	2.8%	3,451	88	2.5%
More Than One Race	1,264	92	7.3%	1,269	87	6.9%	1,387	81	5.8%	1,624	72	4.4%	1,816	79	4.4%
Other/Unknown	3,548	145	4.1%	3,793	160	4.2%	4,645	136	2.9%	6,131	190	3.1%	7,211	193	2.7%
Total	78,973	4,620	5.9%	78,617	4,709	6.0%	86,153	4,254	4.9%	97,756	4,046	4.1%	104,258	3,953	3.8%
LARC = long-acting reversible method of contraception (implant or IUD). Claims and encounters for the measurement year may not identify ongoing LARC use if initiated prior to the measurement year.															
Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. Excludes women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infertile; women who had a live birth in the last three months of the measurement year; and women who were pregnant at the end of the measurement year.															
Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race.															

Table 5.1a: Contraceptive Care – Postpartum Women Ages 15-20 (CCP), By Health Care Delivery Model 2018-2022

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20															
Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception															
Within Ninety Days of Delivery															
By Year and Delivery System															
	2018			2019			2020			2021			2022		
	TOTAL	Used More/Most Effective Age 15-20		TOTAL	Used More/Most Effective Age 15-20		TOTAL	Used More/Most Effective Age 15-20		TOTAL	Used More/Most Effective Age 15-20		TOTAL	Used More/Most Effective Age 15-20	
	ELIGIBLE WOMEN	% of Total	N	ELIGIBLE WOMEN	% of Total	N	ELIGIBLE WOMEN	% of Total	N	ELIGIBLE WOMEN	% of Total	N	ELIGIBLE WOMEN	% of Total	
Medicaid Managed Care Plan															
Amerigroup Washington Inc	100	56	56.0%	133	69	51.9%	116	62	53.4%	112	63	56.3%	135	67	49.6%
Community Health Plan of WA	234	125	53.4%	223	132	59.2%	186	111	59.7%	170	83	48.8%	188	99	52.7%
Coordinated Care of WA	218	123	56.4%	185	113	61.1%	162	102	63.0%	168	82	48.8%	170	92	54.1%
Molina Healthcare of WA Inc	771	449	58.2%	715	437	61.1%	726	404	55.6%	732	373	51.0%	635	288	45.4%
United Health Care Community Plan	92	54	58.7%	73	40	54.8%	80	51	63.8%	87	39	44.8%	71	25	35.2%
Uncategorized	173	87	50.3%	178	94	52.8%	107	60	56.1%	86	39	45.3%	75	28	37.3%
Medicaid Managed Care	1,588	894	56.3%	1,507	885	58.7%	1,377	790	57.4%	1,355	679	50.1%	1,274	599	47.0%
Medicaid Fee for Service	88	39	44.3%	73	38	52.1%	67	35	52.2%	66	27	40.9%	49	22	44.9%
Total	1,676	933	55.7%	1,580	923	58.4%	1,444	825	57.1%	1,421	706	49.7%	1,323	621	46.9%

Most or moderately effective FDA-approved contraception methods: female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring.

Eligible women had a live birth in the first nine months of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 90 days postpartum, and were in the specified age range as of December 31 of the measurement year. **Excludes** women who were eligible for both Medicaid and Medicare; women who had full third party liability; women with deliveries that did not end in a live birth.

Plan listed is the Medicaid managed care plan that the woman was enrolled in from delivery through 90 days postpartum. Women may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a woman had more enrollment months in managed care than in fee-for-service status from month of delivery through 90 days postpartum but was not enrolled in a single managed care plan throughout that time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ****** = suppressed due to small numbers or for secondary suppression.

Table 5.1b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP), By Race/Ethnicity 2018-2022

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20															
Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception															
Within Ninety Days of Delivery															
By Year and Race/Ethnicity (Mutually Exclusive)															
	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	614	351	57.2%	610	375	61.5%	622	392	63.0%	606	330	54.5%	556	293	52.7%
Not Hispanic or Ethnicity Unknown															
White	693	407	58.7%	652	399	61.2%	542	292	53.9%	515	254	49.3%	476	221	46.4%
Asian	14	**	**	13	**	**	12	**	**	10	**	**	18	**	**
Black	122	54	44.3%	89	44	49.4%	83	40	48.2%	91	39	42.9%	65	20	30.8%
American Indian/Alaska Native	106	52	49.1%	90	45	50.0%	78	44	56.4%	86	35	40.7%	67	29	43.3%
Hawaiian/Pacific Islander	57	23	40.4%	55	19	34.5%	46	17	37.0%	46	**	**	71	25	35.2%
More Than One Race	28	19	67.9%	29	14	48.3%	30	19	63.3%	30	15	50.0%	23	**	**
Other/Unknown	42	**	**	42	**	**	31	**	**	37	18	48.6%	47	19	40.4%
Total	1,676	933	55.7%	1,580	923	58.4%	1,444	825	57.1%	1,421	706	49.7%	1,323	621	46.9%
Most or moderately effective FDA-approved contraception methods: female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, or ring.															
Eligible women had a live birth in the first nine months of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 90 days postpartum, and were in the specified age range as of December 31 of the measurement year. Excludes women who were eligible for both Medicaid and Medicare; women who had full third party liability; women with deliveries that did not end in a live birth.															
Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.															

Table 5.2a: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) - LARC, By Health Care Delivery Model 2018-2022

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
Within Ninety Days of Delivery
By Year and Delivery System

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	100	29	29.0%	133	36	27.1%	116	37	31.9%	112	38	33.9%	135	35	25.9%
Community Health Plan of WA	234	63	26.9%	223	74	33.2%	186	57	30.6%	170	40	23.5%	188	45	23.9%
Coordinated Care of WA	218	71	32.6%	185	48	25.9%	162	60	37.0%	168	38	22.6%	170	56	32.9%
Molina Healthcare of WA Inc	771	218	28.3%	715	207	29.0%	726	184	25.3%	732	191	26.1%	635	128	20.2%
United Health Care Community Plan	92	21	22.8%	73	25	34.2%	80	33	41.3%	87	19	21.8%	71	16	22.5%
Uncategorized	173	49	28.3%	178	56	31.5%	107	29	27.1%	86	20	23.3%	75	13	17.3%
Medicaid Managed Care	1,588	451	28.4%	1,507	446	29.6%	1,377	400	29.0%	1,355	346	25.5%	1,274	293	23.0%
Medicaid Fee for Service	88	22	25.0%	73	22	30.1%	67	18	26.9%	66	11	16.7%	49	12	24.5%
Total	1,676	473	28.2%	1,580	468	29.6%	1,444	418	28.9%	1,421	357	25.1%	1,323	305	23.1%

LARC = long-acting reversible method of contraception (implant or IUD).

Eligible women had a live birth in the first nine months of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 90 days postpartum, and were in the specified age range as of December 31 of the measurement year. **Excludes** women who were eligible for both Medicaid and Medicare; women who had full third party liability; women with deliveries that did not end in a live birth.

Plan listed is the Medicaid managed care plan that the woman was enrolled in from delivery through 90 days postpartum. Women may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a woman had more enrollment months in managed care than in fee-for-service status from month of delivery through 90 days postpartum but was not enrolled in a single managed care plan throughout that time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 5.2b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) - LARC, By Race/Ethnicity 2018-2022

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
Within Ninety Days of Delivery
By Year and Race/Ethnicity (Mutually Exclusive)

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	614	203	33.1%	610	217	35.6%	622	214	34.4%	606	179	29.5%	556	151	27.2%
Not Hispanic or Ethnicity Unknown															
White	693	188	27.1%	652	179	27.5%	542	140	25.8%	515	125	24.3%	476	93	19.5%
Asian	14	**	**	13	**	**	12	**	**	10	**	**	18	**	**
Black	122	23	18.9%	89	17	19.1%	83	14	16.9%	91	14	15.4%	65	11	16.9%
American Indian/Alaska Native	106	29	27.4%	90	23	25.6%	78	23	29.5%	86	15	17.4%	67	15	22.4%
Hawaiian/Pacific Islander	57	**	**	55	**	**	46	**	**	46	**	**	71	15	21.1%
More Than One Race	28	**	**	29	**	**	30	**	**	30	**	**	23	**	**
Other/Unknown	42	**	**	42	14	33.3%	31	**	**	37	11	29.7%	47	12	25.5%
Total	1,676	473	28.2%	1,580	468	29.6%	1,444	418	28.9%	1,421	357	25.1%	1,323	305	23.1%

LARC = long-acting reversible method of contraception (implant or IUD).

Eligible women had a live birth in the first nine months of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 90 days postpartum, and were in the specified age range as of December 31 of the measurement year. **Excludes** women who were eligible for both Medicaid and Medicare; women who had full third party liability; women with deliveries that did not end in a live birth.

Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.

Table 6.1a: Well-Child Visits: Six or More Well-Child Visits Age First 15 Months (W30 (Rate 1)), By Health Care Delivery Model 2018-2022

Measure W30 (Rate 1) -- Well Child Visits in the First 15 Months of Life															
Percentage With Six or More Well Child Visits															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits	
	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	2,303	1,490	64.7%	2,327	1,445	62.1%	3,153	1,810	57.4%	3,357	1,966	58.6%	3,341	2,030	60.8%
Community Health Plan of WA	4,368	3,045	69.7%	3,761	2,686	71.4%	3,584	2,284	63.7%	3,482	2,331	66.9%	3,498	2,387	68.2%
Coordinated Care of WA	4,477	3,209	71.7%	3,676	2,689	73.2%	3,542	2,426	68.5%	3,810	2,561	67.2%	3,812	2,211	58.0%
Molina Healthcare of WA Inc	14,972	9,415	62.9%	14,557	9,180	63.1%	15,902	9,228	58.0%	17,021	9,879	58.0%	16,493	9,915	60.1%
United Health Care Community Plan	3,441	2,225	64.7%	2,556	1,694	66.3%	2,638	1,575	59.7%	3,031	1,852	61.1%	2,913	1,853	63.6%
Uncategorized	5,689	2,725	47.9%	6,405	3,326	51.9%	5,591	2,521	45.1%	4,290	1,684	39.3%	4,423	1,565	35.4%
Medicaid Managed Care	35,250	22,109	62.7%	33,282	21,020	63.2%	34,410	19,844	57.7%	34,991	20,273	57.9%	34,480	19,961	57.9%
Medicaid Fee for Service	910	362	39.8%	944	395	41.8%	972	384	39.5%	1,036	388	37.5%	1,169	477	40.8%
Total	36,160	22,471	62.1%	34,226	21,415	62.6%	35,382	20,228	57.2%	36,027	20,661	57.3%	35,649	20,438	57.3%

Visits must be at least 14 days apart to be considered separate visits.

Eligible children are children who turned 15 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 31 days to 15 months with no more than a 1-month gap. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in from age 31 days to 15 months with no more than a 1-month gap. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 6.1b: Well-Child Visits: Six or More Well-Child Visits Age First 15 Months (W30 (Rate 1)), By Race/Ethnicity 2018-2022

Measure W30 (Rate 1) -- Well Child Visits in the First 15 Months of Life

**Percentage With Six or More Well Child Visits
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL		Six or More Well Visits % of Total	TOTAL		Six or More Well Visits % of Total	TOTAL		Six or More Well Visits % of Total	TOTAL		Six or More Well Visits % of Total	TOTAL		Six or More Well Visits % of Total
	ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N	
Hispanic	12,670	8,649	68.3%	12,041	8,230	68.3%	12,865	8,288	64.4%	13,083	8,451	64.6%	13,059	8,559	65.5%
Not Hispanic or Ethnicity Unknown															
White	15,587	9,033	58.0%	14,563	8,589	59.0%	14,493	7,608	52.5%	14,726	7,762	52.7%	14,156	7,321	51.7%
Asian	1,634	1,181	72.3%	1,427	1,001	70.1%	1,436	927	64.6%	1,411	960	68.0%	1,302	904	69.4%
Black	2,798	1,760	62.9%	2,716	1,711	63.0%	2,875	1,511	52.6%	2,928	1,543	52.7%	2,992	1,632	54.5%
American Indian/Alaska Native	1,158	551	47.6%	1,222	584	47.8%	1,158	539	46.5%	1,272	574	45.1%	1,218	576	47.3%
Hawaiian/Pacific Islander	1,156	637	55.1%	1,095	620	56.6%	1,292	661	51.2%	1,288	643	49.9%	1,257	593	47.2%
More Than One Race	841	497	59.1%	822	484	58.9%	903	512	56.7%	924	521	56.4%	1,246	666	53.5%
Other/Unknown	316	163	51.6%	340	196	57.6%	360	182	50.6%	395	207	52.4%	419	187	44.6%
Total	36,160	22,471	62.1%	34,226	21,415	62.6%	35,382	20,228	57.2%	36,027	20,661	57.3%	35,649	20,438	57.3%

Visits must be at least 14 days apart to be considered separate visits.

Eligible children are children who turned 15 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 31 days to 15 months with no more than a 1-month gap. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 6.2a: Well-Child Visits: Two or More Well-Child Visits Ages 15-30 Months (W30 (Rate 2)), By Health Care Delivery Model 2018-2022

Measure W30 (Rate 2) -- Well Child Visits for Age 15 Months - 30 Months															
Percentage With Two or More Well Child Visits															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Two or More		TOTAL	Two or More		TOTAL	Two or More		TOTAL	Two or More		TOTAL	Two or More	
	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	2,537	1,721	67.8%	2,525	1,712	67.8%	2,977	1,997	67.1%	3,501	2,171	62.0%	3,827	2,438	63.7%
Community Health Plan of WA	4,946	3,392	68.6%	4,296	3,067	71.4%	3,668	2,464	67.2%	3,823	2,533	66.3%	3,946	2,534	64.2%
Coordinated Care of WA	5,056	3,763	74.4%	4,348	3,331	76.6%	3,918	2,879	73.5%	3,892	2,657	68.3%	4,134	2,673	64.7%
Molina Healthcare of WA Inc	17,304	11,760	68.0%	16,701	11,560	69.2%	16,559	11,358	68.6%	18,416	11,830	64.2%	19,245	12,397	64.4%
United Health Care Community Plan	3,914	2,776	70.9%	2,996	2,177	72.7%	2,829	1,972	69.7%	3,254	2,156	66.3%	3,452	2,209	64.0%
Uncategorized	3,245	2,142	66.0%	4,353	2,991	68.7%	3,545	2,360	66.6%	2,118	1,324	62.5%	1,681	1,014	60.3%
Medicaid Managed Care	37,002	25,554	69.1%	35,219	24,838	70.5%	33,496	23,030	68.8%	35,004	22,671	64.8%	36,285	23,265	64.1%
Medicaid Fee for Service	827	436	52.7%	845	435	51.5%	965	519	53.8%	867	419	48.3%	926	437	47.2%
Total	37,829	25,990	68.7%	36,064	25,273	70.1%	34,461	23,549	68.3%	35,871	23,090	64.4%	37,211	23,702	63.7%

Visits must be at least 14 days apart to be considered separate visits.

Eligible children are children who turned 30 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 15 months to 30 months with no more than a 1-month gap. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in from age 15 months to 30 months with no more than a 1-month gap. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 6.2b: Well-Child Visits: Two or More Well-Child Visits Ages 15-30 Months (W30 (Rate 2)), By Race/Ethnicity 2018-2022

Measure W30 (Rate 2) -- Well Child Visits for Age 15 Months - 30 Months

**Percentage With Two or More Well Child Visits
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	13,113	9,567	73.0%	12,522	9,216	73.6%	12,013	8,625	71.8%	12,711	8,787	69.1%	13,362	9,129	68.3%
Not Hispanic or Ethnicity Unknown															
White	16,441	11,011	67.0%	15,396	10,653	69.2%	14,668	9,904	67.5%	14,803	9,350	63.2%	15,123	9,458	62.5%
Asian	1,538	1,237	80.4%	1,554	1,230	79.2%	1,412	1,101	78.0%	1,476	1,078	73.0%	1,502	1,114	74.2%
Black	2,819	1,789	63.5%	2,866	1,857	64.8%	2,776	1,699	61.2%	2,897	1,632	56.3%	3,025	1,672	55.3%
American Indian/Alaska Native	1,128	634	56.2%	1,169	637	54.5%	1,212	719	59.3%	1,245	660	53.0%	1,331	701	52.7%
Hawaiian/Pacific Islander	1,301	760	58.4%	1,161	729	62.8%	1,159	687	59.3%	1,301	666	51.2%	1,378	698	50.7%
More Than One Race	966	676	70.0%	877	593	67.6%	765	515	67.3%	909	596	65.6%	955	620	64.9%
Other/Unknown	523	316	60.4%	519	358	69.0%	456	299	65.6%	529	321	60.7%	535	310	57.9%
Total	37,829	25,990	68.7%	36,064	25,273	70.1%	34,461	23,549	68.3%	35,871	23,090	64.4%	37,211	23,702	63.7%

Visits must be at least 14 days apart to be considered separate visits.

Eligible children are children who turned 30 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 15 months to 30 months with no more than a 1-month gap. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 7.1a: Child and Adolescent Well-Care Visits Ages 3-21 Years (WCV), By Health Care Delivery Model 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits															
Percentage Ages 3-21 With A Well-Care Visit															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit	
	ELIGIBLE CHILDREN	% of N	% of Total	ELIGIBLE CHILDREN	% of N	% of Total	ELIGIBLE CHILDREN	% of N	% of Total	ELIGIBLE CHILDREN	% of N	% of Total	ELIGIBLE CHILDREN	% of N	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	33,786	14,849	44.0%	44,868	22,710	50.6%	55,652	19,642	35.3%	61,805	27,151	43.9%	65,361	28,315	43.3%
Community Health Plan of WA	100,497	50,294	50.0%	90,731	48,722	53.7%	84,247	31,402	37.3%	88,562	41,348	46.7%	91,208	40,649	44.6%
Coordinated Care of WA	76,909	41,712	54.2%	74,503	42,412	56.9%	75,728	32,162	42.5%	81,030	37,137	45.8%	84,367	40,240	47.7%
Molina Healthcare of WA Inc	308,294	150,230	48.7%	309,692	159,834	51.6%	345,491	138,179	40.0%	369,451	173,672	47.0%	380,376	171,201	45.0%
United Health Care Community Plan	57,763	28,750	49.8%	46,227	23,442	50.7%	56,541	21,825	38.6%	62,267	28,311	45.5%	65,514	27,911	42.6%
Uncategorized	33,732	17,672	52.4%	33,794	17,674	52.3%	24,740	9,844	39.8%	17,199	8,214	47.8%	18,627	8,873	47.6%
Medicaid Managed Care	610,981	303,507	49.7%	599,815	314,794	52.5%	642,399	253,054	39.4%	680,314	315,833	46.4%	705,453	317,189	45.0%
Medicaid Fee for Service	19,897	7,068	35.5%	21,257	7,858	37.0%	20,360	5,107	25.1%	20,253	6,898	34.1%	20,260	6,481	32.0%
Total	630,878	310,575	49.2%	621,072	322,652	52.0%	662,759	258,161	39.0%	700,567	322,731	46.1%	725,713	323,670	44.6%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 7.1b: Child and Adolescent Well-Care Visits Ages 3-21 Years (WCV), By Race/Ethnicity 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits

Percentage Ages 3-21 With A Well-Care Visit

By Race/Ethnicity (Mutually Exclusive) 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	217,606	120,708	55.5%	216,976	125,604	57.9%	233,663	102,157	43.7%	248,132	127,257	51.3%	257,496	129,176	50.2%
Not Hispanic or Ethnicity Unknown															
White	267,914	121,129	45.2%	259,893	125,903	48.4%	271,808	100,996	37.2%	284,017	121,620	42.8%	290,053	119,661	41.3%
Asian	26,572	14,509	54.6%	25,915	14,836	57.2%	27,705	11,673	42.1%	29,643	14,735	49.7%	30,722	15,282	49.7%
Black	46,549	22,638	48.6%	46,295	23,166	50.0%	50,364	17,259	34.3%	53,402	24,329	45.6%	55,507	24,137	43.5%
American Indian/Alaska Native	22,030	8,472	38.5%	21,778	8,729	40.1%	23,330	6,525	28.0%	24,743	9,178	37.1%	25,761	9,102	35.3%
Hawaiian/Pacific Islander	19,282	8,628	44.7%	19,282	9,126	47.3%	21,846	7,246	33.2%	23,730	9,431	39.7%	25,950	9,828	37.9%
More Than One Race	11,856	5,844	49.3%	11,944	6,076	50.9%	12,704	4,907	38.6%	13,598	6,419	47.2%	14,923	6,520	43.7%
Other/Unknown	19,069	8,647	45.3%	18,989	9,212	48.5%	21,339	7,398	34.7%	23,302	9,762	41.9%	25,301	9,964	39.4%
Total	630,878	310,575	49.2%	621,072	322,652	52.0%	662,759	258,161	39.0%	700,567	322,731	46.1%	725,713	323,670	44.6%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 7.2a: Child and Adolescent Well-Care Visits Ages 3-11 Years (WCV), By Health Care Delivery Model 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits															
Percentage Ages 3-11 With A Well-Care Visit															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of
Medicaid Managed Care Plan	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	19,442	10,237	52.7%	25,875	14,895	57.6%	30,623	13,298	43.4%	33,215	17,031	51.3%	34,798	18,124	52.1%
Community Health Plan of WA	54,241	31,134	57.4%	47,673	28,443	59.7%	41,876	19,075	45.6%	41,956	22,665	54.0%	41,950	22,209	52.9%
Coordinated Care of WA	43,685	27,458	62.9%	41,712	27,278	65.4%	40,820	20,958	51.3%	42,267	22,801	53.9%	43,067	24,882	57.8%
Molina Healthcare of WA Inc	173,632	96,130	55.4%	171,716	100,966	58.8%	183,660	88,601	48.2%	189,621	102,652	54.1%	190,897	103,142	54.0%
United Health Care Community Plan	33,136	18,711	56.5%	26,491	15,341	57.9%	31,233	14,399	46.1%	33,323	17,399	52.2%	34,481	17,444	50.6%
Uncategorized	19,506	11,659	59.8%	19,302	11,556	59.9%	13,739	6,645	48.4%	9,321	5,272	56.6%	9,933	5,654	56.9%
Medicaid Managed Care	343,642	195,329	56.8%	332,769	198,479	59.6%	341,951	162,976	47.7%	349,703	187,820	53.7%	355,126	191,455	53.9%
Medicaid Fee for Service	10,373	4,314	41.6%	11,096	4,871	43.9%	10,364	3,305	31.9%	9,831	4,010	40.8%	9,549	3,924	41.1%
Total	354,015	199,643	56.4%	343,865	203,350	59.1%	352,315	166,281	47.2%	359,534	191,830	53.4%	364,675	195,379	53.6%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 7.2b: Child and Adolescent Well-Care Visits Ages 3-11 Years (WCV), By Race/Ethnicity 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits															
Percentage Ages 3-11 With A Well-Care Visit															
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of
	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Hispanic	123,899	77,235	62.3%	120,183	77,559	64.5%	122,379	64,208	52.5%	124,141	73,429	59.1%	125,417	75,437	60.1%
Not Hispanic or Ethnicity Unknown															
White	149,751	79,217	52.9%	144,517	81,511	56.4%	146,487	66,743	45.6%	149,009	75,027	50.4%	149,359	75,045	50.2%
Asian	13,733	8,637	62.9%	13,374	8,717	65.2%	13,956	7,107	50.9%	14,573	8,328	57.1%	15,113	8,837	58.5%
Black	26,596	14,637	55.0%	26,329	14,903	56.6%	27,617	11,409	41.3%	28,292	14,601	51.6%	28,933	14,781	51.1%
American Indian/Alaska Native	11,971	5,401	45.1%	11,709	5,506	47.0%	12,165	4,317	35.5%	12,487	5,523	44.2%	12,801	5,717	44.7%
Hawaiian/Pacific Islander	10,995	5,488	49.9%	11,031	5,785	52.4%	12,115	4,815	39.7%	12,692	5,658	44.6%	13,544	6,024	44.5%
More Than One Race	7,571	4,074	53.8%	7,425	4,173	56.2%	7,591	3,446	45.4%	7,839	4,142	52.8%	8,430	4,318	51.2%
Other/Unknown	9,499	4,954	52.2%	9,297	5,196	55.9%	10,005	4,236	42.3%	10,501	5,122	48.8%	11,078	5,220	47.1%
Total	354,015	199,643	56.4%	343,865	203,350	59.1%	352,315	166,281	47.2%	359,534	191,830	53.4%	364,675	195,379	53.6%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 7.3a: Child and Adolescent Well-Care Visits Ages 12-17 Years (WCV), By Health Care Delivery Model 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits															
Percentage Ages 12-17 With A Well-Care Visit															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of
Medicaid Managed Care Plan	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	9,787	3,780	38.6%	13,471	6,522	48.4%	16,897	5,095	30.2%	18,832	8,486	45.1%	19,778	8,370	42.3%
Community Health Plan of WA	34,076	16,298	47.8%	31,878	17,084	53.6%	30,023	10,132	33.7%	31,726	15,654	49.3%	32,636	15,113	46.3%
Coordinated Care of WA	24,421	12,117	49.6%	24,185	12,869	53.2%	24,697	9,371	37.9%	26,326	11,988	45.5%	27,106	12,613	46.5%
Molina Healthcare of WA Inc	98,990	45,829	46.3%	101,839	50,166	49.3%	114,188	40,611	35.6%	122,711	59,007	48.1%	126,745	56,287	44.4%
United Health Care Community Plan	17,365	8,213	47.3%	14,239	6,755	47.4%	17,529	5,962	34.0%	19,500	8,963	46.0%	20,484	8,481	41.4%
Uncategorized	10,073	5,008	49.7%	10,264	5,061	49.3%	7,506	2,523	33.6%	5,026	2,407	47.9%	5,616	2,659	47.3%
Medicaid Managed Care	194,712	91,245	46.9%	195,876	98,457	50.3%	210,840	73,694	35.0%	224,121	106,505	47.5%	232,365	103,523	44.6%
Medicaid Fee for Service	6,808	2,380	35.0%	7,382	2,597	35.2%	6,963	1,502	21.6%	6,946	2,525	36.4%	6,950	2,262	32.5%
Total	201,520	93,625	46.5%	203,258	101,054	49.7%	217,803	75,196	34.5%	231,067	109,030	47.2%	239,315	105,785	44.2%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 7.3b: Child and Adolescent Well-Care Visits Ages 12-17 Years (WCV), By Race/Ethnicity 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits

Percentage Ages 12-17 With A Well-Care Visit

By Race/Ethnicity (Mutually Exclusive) 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	71,251	37,593	52.8%	73,623	41,297	56.1%	80,638	31,762	39.4%	86,218	45,461	52.7%	89,089	44,662	50.1%
Not Hispanic or Ethnicity Unknown															
White	83,556	34,703	41.5%	82,344	37,227	45.2%	85,849	27,532	32.1%	89,913	38,462	42.8%	92,310	36,719	39.8%
Asian	8,802	4,671	53.1%	8,744	4,852	55.5%	9,164	3,479	38.0%	9,740	4,972	51.0%	9,951	5,008	50.3%
Black	14,182	6,674	47.1%	14,459	6,952	48.1%	15,712	4,730	30.1%	16,769	8,040	47.9%	17,616	7,664	43.5%
American Indian/Alaska Native	7,100	2,613	36.8%	7,098	2,768	39.0%	7,588	1,822	24.0%	8,145	3,159	38.8%	8,458	2,917	34.5%
Hawaiian/Pacific Islander	6,176	2,669	43.2%	6,221	2,856	45.9%	6,978	2,022	29.0%	7,566	3,170	41.9%	8,282	3,177	38.4%
More Than One Race	3,297	1,543	46.8%	3,530	1,667	47.2%	3,864	1,239	32.1%	4,161	1,942	46.7%	4,510	1,855	41.1%
Other/Unknown	7,156	3,159	44.1%	7,239	3,435	47.5%	8,010	2,610	32.6%	8,555	3,824	44.7%	9,099	3,783	41.6%
Total	201,520	93,625	46.5%	203,258	101,054	49.7%	217,803	75,196	34.5%	231,067	109,030	47.2%	239,315	105,785	44.2%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 7.4a: Child and Adolescent Well-Care Visits Ages 18-21 Years (WCV), By Health Care Delivery Model 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 18-21 With A Well-Care Visit
By Delivery System 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Visit N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit N	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	4,557	832	18.3%	5,522	1,293	23.4%	8,132	1,249	15.4%	9,758	1,634	16.7%	10,785	1,821	16.9%
Community Health Plan of WA	12,180	2,862	23.5%	11,180	3,195	28.6%	12,348	2,195	17.8%	14,880	3,029	20.4%	16,622	3,327	20.0%
Coordinated Care of WA	8,803	2,137	24.3%	8,606	2,265	26.3%	10,211	1,833	18.0%	12,437	2,348	18.9%	14,194	2,745	19.3%
Molina Healthcare of WA Inc	35,672	8,271	23.2%	36,137	8,702	24.1%	47,643	8,967	18.8%	57,119	12,013	21.0%	62,734	11,772	18.8%
United Health Care Community Plan	7,262	1,826	25.1%	5,497	1,346	24.5%	7,779	1,464	18.8%	9,444	1,949	20.6%	10,549	1,986	18.8%
Uncategorized	4,153	1,005	24.2%	4,228	1,057	25.0%	3,495	676	19.3%	2,852	535	18.8%	3,078	560	18.2%
Medicaid Managed Care	72,627	16,933	23.3%	71,170	17,858	25.1%	89,608	16,384	18.3%	106,490	21,508	20.2%	117,962	22,211	18.8%
Medicaid Fee for Service	2,716	374	13.8%	2,779	390	14.0%	3,033	300	9.9%	3,476	363	10.4%	3,761	295	7.8%
Total	75,343	17,307	23.0%	73,949	18,248	24.7%	92,641	16,684	18.0%	109,966	21,871	19.9%	121,723	22,506	18.5%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 7.4b: Child and Adolescent Well-Care Visits Ages 18-21 Years (WCV), By Race/Ethnicity 2018-2022

Measure WCV -- Child and Adolescent Well-Care Visits

Percentage Ages 18-21 With A Well-Care Visit

By Race/Ethnicity (Mutually Exclusive) 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of	ELIGIBLE	Visit	% of
	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Hispanic	22,456	5,880	26.2%	23,170	6,748	29.1%	30,646	6,187	20.2%	37,773	8,367	22.2%	42,990	9,077	21.1%
Not Hispanic or Ethnicity Unknown															
White	34,607	7,209	20.8%	33,032	7,165	21.7%	39,472	6,721	17.0%	45,095	8,131	18.0%	48,384	7,897	16.3%
Asian	4,037	1,201	29.7%	3,797	1,267	33.4%	4,585	1,087	23.7%	5,330	1,435	26.9%	5,658	1,437	25.4%
Black	5,771	1,327	23.0%	5,507	1,311	23.8%	7,035	1,120	15.9%	8,341	1,688	20.2%	8,958	1,692	18.9%
American Indian/Alaska Native	2,959	458	15.5%	2,971	455	15.3%	3,577	386	10.8%	4,111	496	12.1%	4,502	468	10.4%
Hawaiian/Pacific Islander	2,111	471	22.3%	2,030	485	23.9%	2,753	409	14.9%	3,472	603	17.4%	4,124	627	15.2%
More Than One Race	988	227	23.0%	989	236	23.9%	1,249	222	17.8%	1,598	335	21.0%	1,983	347	17.5%
Other/Unknown	2,414	534	22.1%	2,453	581	23.7%	3,324	552	16.6%	4,246	816	19.2%	5,124	961	18.8%
Total	75,343	17,307	23.0%	73,949	18,248	24.7%	92,641	16,684	18.0%	109,966	21,871	19.9%	121,723	22,506	18.5%

Age of the child is as of December 31 of the measurement year.

Eligible children/adolescents were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year and must have been enrolled on December 31. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who used hospice services or benefits during the measurement year.

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

Table 8.1a: Child Immunizations by Age Two (CIS): Combination 3, By Health Care Delivery Model 2018-2022

Measure CIS Combination 3 -- Children Turning Two Who Had a Full Set of DTAP, IPV, MMR, HiB, Hep B, VZV, and PCV Immunizations by Age Two
By Delivery System 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of
	ELIGIBLE	Immunizations		ELIGIBLE	Immunizations		ELIGIBLE	Immunizations		ELIGIBLE	Immunizations		ELIGIBLE	Immunizations	
Medicaid Managed Care Plan	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	2,737	1,823	66.6%	2,909	1,959	67.3%	3,469	2,266	65.3%	4,243	2,554	60.2%	4,245	2,508	59.1%
Columbia United Providers															
Community Health Plan of WA	5,254	3,630	69.1%	4,640	3,364	72.5%	3,955	2,732	69.1%	4,406	2,792	63.4%	4,226	2,620	62.0%
Coordinated Care of WA	5,363	3,952	73.7%	4,516	3,434	76.0%	4,101	2,998	73.1%	4,400	2,952	67.1%	4,629	3,113	67.2%
Molina Healthcare of WA Inc	18,921	12,059	63.7%	17,984	11,732	65.2%	18,044	11,388	63.1%	21,469	12,500	58.2%	20,833	11,713	56.2%
United Health Care Community Plan	4,478	3,023	67.5%	3,357	2,298	68.5%	3,342	2,154	64.5%	3,937	2,347	59.6%	4,265	2,559	60.0%
Uncategorized	3,124	2,014	64.5%	4,177	2,665	63.8%	3,539	2,236	63.2%	1,646	919	55.8%	1,344	713	53.1%
Medicaid Managed Care	39,877	26,501	66.5%	37,583	25,452	67.7%	36,450	23,774	65.2%	40,101	24,064	60.0%	39,542	23,226	58.7%
Medicaid Fee for Service	945	561	59.4%	1,004	646	64.3%	1,066	608	57.0%	1,005	526	52.3%	981	499	50.9%
Total	40,822	27,062	66.3%	38,587	26,098	67.6%	37,516	24,382	65.0%	41,106	24,590	59.8%	40,523	23,725	58.5%

Excludes immunizations other than MMR that occur within 14 days of the same immunization type. **DTaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. Combination measures have met full recommendations for each immunization included. **Combination 3** = DtaP + IPV + MMR + HiB + Hep B + VZV + PCV. Documented **history of illness** is counted for MMR, Hep B, and VZV.

Eligible children turned two years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their second birthday as well as the month of their second birthday. **Excludes** children who died during the measurement period; children who use hospice services or benefits during the measurement year; and children with a history of immunocompromised conditions.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the year leading up to the second birthday. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 8.1b: Child Immunizations by Age Two (CIS): Combination 3, By Race/Ethnicity 2018-2022

**Measure CIS Combination 3 -- Children Turning Two Who Had a Full Set of DTAP, IPV, MMR, HiB, Hep B, VZV, and PCV Immunizations by Age Two
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	13,816	10,396	75.2%	12,965	9,939	76.7%	12,788	9,529	74.5%	14,165	9,605	67.8%	14,140	9,493	67.1%
Not Hispanic or Ethnicity Unknown															
White	17,902	10,756	60.1%	16,844	10,333	61.3%	16,127	9,530	59.1%	17,246	9,485	55.0%	16,765	8,948	53.4%
Asian	1,740	1,377	79.1%	1,711	1,408	82.3%	1,543	1,211	78.5%	1,796	1,340	74.6%	1,587	1,200	75.6%
Black	3,153	1,940	61.5%	3,054	1,881	61.6%	3,002	1,665	55.5%	3,280	1,658	50.5%	3,351	1,653	49.3%
American Indian/Alaska Native	1,274	766	60.1%	1,296	820	63.3%	1,326	793	59.8%	1,428	772	54.1%	1,377	720	52.3%
Hawaiian/Pacific Islander	1,383	880	63.6%	1,288	818	63.5%	1,262	738	58.5%	1,548	807	52.1%	1,539	747	48.5%
More Than One Race	1,022	672	65.8%	909	614	67.5%	924	629	68.1%	1,073	642	59.8%	1,157	696	60.2%
Other/Unknown	532	275	51.7%	520	285	54.8%	544	287	52.8%	570	281	49.3%	607	268	44.2%
Total	40,822	27,062	66.3%	38,587	26,098	67.6%	37,516	24,382	65.0%	41,106	24,590	59.8%	40,523	23,725	58.5%

Excludes immunizations other than MMR that occur within 14 days of the same immunization type. **DTaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. Combination measures have met full recommendations for each immunization included. **Combination 3** = DtaP + IPV + MMR + HiB + Hep B + VZV + PCV. Documented **history of illness** is counted for MMR, Hep B, and VZV.

Eligible children turned two years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their second birthday as well as the month of their second birthday. **Excludes** children who died during the measurement period; children who use hospice services or benefits during the measurement year; and children with a history of immunocompromised conditions.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race.

Table 9.1a: Immunizations for Adolescents Who Turn 13 (IMA): Combination 1, By Health Care Delivery Model 2018-2022

**Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year
By Delivery System 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of
	ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N	
Medicaid Managed Care Plan															
Amerigroup Washington Inc	1,879	1,262	67.2%	2,137	1,477	69.1%	3,018	2,210	73.2%	3,659	2,514	68.7%	3,827	2,503	65.4%
Community Health Plan of WA	6,668	5,127	76.9%	6,210	4,822	77.6%	5,691	4,433	77.9%	5,988	4,544	75.9%	5,856	4,295	73.3%
Coordinated Care of WA	4,657	3,648	78.3%	4,516	3,570	79.1%	4,642	3,636	78.3%	5,021	3,852	76.7%	5,029	3,847	76.5%
Molina Healthcare of WA Inc	19,114	14,205	74.3%	20,336	15,179	74.6%	21,704	15,929	73.4%	24,276	17,278	71.2%	24,809	17,016	68.6%
United Health Care Community Plan	3,428	2,476	72.2%	2,945	2,245	76.2%	3,268	2,462	75.3%	3,996	2,814	70.4%	4,373	3,002	68.6%
Uncategorized	2,143	1,585	74.0%	3,129	2,312	73.9%	2,812	1,987	70.7%	1,273	861	67.6%	1,168	820	70.2%
Medicaid Managed Care	37,889	28,303	74.7%	39,273	29,605	75.4%	41,135	30,657	74.5%	44,213	31,863	72.1%	45,062	31,483	69.9%
Medicaid Fee for Service	1,782	1,315	73.8%	1,907	1,408	73.8%	1,763	1,275	72.3%	1,727	1,143	66.2%	1,623	1,087	67.0%
Total	39,671	29,618	74.7%	41,180	31,013	75.3%	42,898	31,932	74.4%	45,940	33,006	71.8%	46,685	32,570	69.8%

Combination 1 (Meningococcal, Tdap) = children who are numerator compliant for both the meningococcal and Tdap indicators. **Tdap** = at least one tetanus, diphtheria toxoids and a cellular pertussis vaccine on or between the child's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between the child's 11th and 13th birthdays.

Eligible children turned thirteen years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their birthday as well as the month of their birthday. **Excludes** children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the year leading up to the thirteenth birthday. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 9.1b: Immunizations for Adolescents Who Turn 13 (IMA): Combination 1, By Race/Ethnicity 2018-2022

**Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of
	ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N		ELIGIBLE CHILDREN	Immunizations N	
Hispanic	13,992	11,717	83.7%	14,467	12,250	84.7%	15,401	12,865	83.5%	16,403	13,320	81.2%	16,419	13,206	80.4%
Not Hispanic or Ethnicity Unknown															
White	16,714	11,205	67.0%	17,219	11,718	68.1%	17,540	11,702	66.7%	18,833	12,136	64.4%	19,097	11,696	61.2%
Asian	1,556	1,271	81.7%	1,547	1,244	80.4%	1,757	1,433	81.6%	1,777	1,390	78.2%	1,781	1,366	76.7%
Black	2,747	2,046	74.5%	2,906	2,143	73.7%	3,123	2,275	72.8%	3,367	2,361	70.1%	3,471	2,387	68.8%
American Indian/Alaska Native	1,326	1,020	76.9%	1,483	1,125	75.9%	1,472	1,100	74.7%	1,593	1,068	67.0%	1,618	1,071	66.2%
Hawaiian/Pacific Islander	1,253	905	72.2%	1,259	925	73.5%	1,288	967	75.1%	1,437	994	69.2%	1,604	1,034	64.5%
More Than One Race	726	547	75.3%	784	596	76.0%	873	646	74.0%	916	666	72.7%	972	695	71.5%
Other/Unknown	1,357	907	66.8%	1,515	1,012	66.8%	1,444	944	65.4%	1,614	1,071	66.4%	1,723	1,115	64.7%
Total	39,671	29,618	74.7%	41,180	31,013	75.3%	42,898	31,932	74.4%	45,940	33,006	71.8%	46,685	32,570	69.8%

Combination 1 (Meningococcal, Tdap) = children who are numerator compliant for both the meningococcal and Tdap indicators. **Tdap** = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the child's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between the child's 11th and 13th birthdays.

Eligible children turned thirteen years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their birthday as well as the month of their birthday. **Excludes** children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator (5% of children in 2022).

Table 9.2a: Human Papillomavirus for Adolescents Who Turn 13 (HPV): Combination 1, By Health Care Delivery Model 2018-2022

Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year															
By Delivery System 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of
Medicaid Managed Care Plan	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	1,879	621	33.0%	2,137	760	35.6%	3,018	1,116	37.0%	3,659	1,115	30.5%	3,827	1,054	27.5%
Community Health Plan of WA	6,668	2,943	44.1%	6,210	2,840	45.7%	5,691	2,604	45.8%	5,988	2,372	39.6%	5,856	2,105	35.9%
Coordinated Care of WA	4,657	2,096	45.0%	4,516	2,261	50.1%	4,642	2,218	47.8%	5,021	2,100	41.8%	5,029	1,949	38.8%
Molina Healthcare of WA Inc	19,114	6,784	35.5%	20,336	7,796	38.3%	21,704	7,919	36.5%	24,276	8,072	33.3%	24,809	7,415	29.9%
United Health Care Community Plan	3,428	1,196	34.9%	2,945	1,133	38.5%	3,268	1,204	36.8%	3,996	1,288	32.2%	4,373	1,276	29.2%
Uncategorized	2,143	822	38.4%	3,129	1,164	37.2%	2,812	994	35.3%	1,273	404	31.7%	1,168	331	28.3%
Medicaid Managed Care	37,889	14,462	38.2%	39,273	15,954	40.6%	41,135	16,055	39.0%	44,213	15,351	34.7%	45,062	14,130	31.4%
Medicaid Fee for Service	1,782	656	36.8%	1,907	713	37.4%	1,763	586	33.2%	1,727	489	28.3%	1,623	426	26.2%
Total	39,671	15,118	38.1%	41,180	16,667	40.5%	42,898	16,641	38.8%	45,940	15,840	34.5%	46,685	14,556	31.2%
HPV = at least three human papillomavirus (HPV) vaccines, or at least two HPV vaccines separated by a minimum of 146 days, on or between the adolescent's 9th and 13th birthdays.															
Eligible children turned thirteen years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their birthday as well as the month of their birthday. Excludes children who died during the measurement period; and children who use hospice services or benefits during the measurement year.															
Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the year leading up to the thirteenth birthday. Child may have been enrolled in more than one plan during the year. Uncategorized indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.															

Table 9.2b: Human Papillomavirus for Adolescents Who Turn 13 (HPV): Combination 1, By Race/Ethnicity 2018-2022

Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year By Race/Ethnicity (Mutually Exclusive) 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	
	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Hispanic	13,992	6,826	48.8%	14,467	7,511	51.9%	15,401	7,595	49.3%	16,403	7,287	44.4%	16,419	6,633	40.4%
Not Hispanic or Ethnicity Unknown															
White	16,714	4,715	28.2%	17,219	5,310	30.8%	17,540	5,262	30.0%	18,833	5,134	27.3%	19,097	4,617	24.2%
Asian	1,556	791	50.8%	1,547	842	54.4%	1,757	924	52.6%	1,777	799	45.0%	1,781	743	41.7%
Black	2,747	1,083	39.4%	2,906	1,146	39.4%	3,123	1,092	35.0%	3,367	1,009	30.0%	3,471	994	28.6%
American Indian/Alaska Native	1,326	493	37.2%	1,483	559	37.7%	1,472	523	35.5%	1,593	440	27.6%	1,618	394	24.4%
Hawaiian/Pacific Islander	1,253	453	36.2%	1,259	464	36.9%	1,288	477	37.0%	1,437	443	30.8%	1,604	408	25.4%
More Than One Race	726	284	39.1%	784	295	37.6%	873	300	34.4%	916	273	29.8%	972	301	31.0%
Other/Unknown	1,357	473	34.9%	1,515	540	35.6%	1,444	468	32.4%	1,614	455	28.2%	1,723	466	27.0%
Total	39,671	15,118	38.1%	41,180	16,667	40.5%	42,898	16,641	38.8%	45,940	15,840	34.5%	46,685	14,556	31.2%

HPV = at least three human papillomavirus (HPV) vaccines, or at least two HPV vaccines separated by a minimum of 146 days, on or between the adolescent's 9th and 13th birthdays.

Eligible children turned thirteen years old during the measurement year and were continuously enrolled in Medicaid or CHIP for at least 11 of the 12 months leading to their birthday as well as the month of their birthday. Excludes children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator (5% of children in 2022).

Table 10.1a: Chlamydia Screening for Washington State Women Ages 16-20 Years (CHL), By Health Care Delivery Model 2018-2022

**Measure CHL - Chlamydia Screening for Women Ages 16 to 20
Who Were Enrolled in Medicaid/CHIP and Identified as Sexually Active
By Delivery System, 2018 to 2022**

	2018			2019			2020			2021			2022		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	1,655	760	45.9%	2,025	949	46.9%	2,455	1,109	45.2%	2,672	1,122	42.0%	2,828	1,197	42.3%
Community Health Plan of WA	4,721	2,243	47.5%	4,339	2,051	47.3%	3,929	1,746	44.4%	4,339	1,904	43.9%	4,348	1,901	43.7%
Coordinated Care of Washington	3,865	2,003	51.8%	3,828	1,974	51.6%	3,725	1,813	48.7%	4,029	1,871	46.4%	4,192	1,991	47.5%
Molina Healthcare of WA	15,163	7,268	47.9%	15,197	7,274	47.9%	16,675	7,385	44.3%	17,992	7,793	43.3%	18,229	7,711	42.3%
UnitedHealthcare Community Plan	2,719	1,206	44.4%	2,125	988	46.5%	2,544	1,105	43.4%	2,843	1,208	42.5%	2,881	1,188	41.2%
Uncategorized	2,094	1,135	54.2%	2,134	1,109	52.0%	1,411	679	48.1%	1,053	494	46.9%	1,068	524	49.1%
Medicaid Managed Care	30,217	14,615	48.4%	29,648	14,345	48.4%	30,739	13,837	45.0%	32,928	14,392	43.7%	33,546	14,512	43.3%
Medicaid Fee for Service	1,381	614	44.5%	1,417	692	48.8%	1,168	503	43.1%	1,229	507	41.3%	1,186	512	43.2%
Total	31,598	15,229	48.2%	31,065	15,037	48.4%	31,907	14,340	44.9%	34,157	14,899	43.6%	34,732	15,024	43.3%

Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. **Excludes** women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who died during the measurement period; women who used hospice services or benefits during the measurement year; and women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test.

Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Women may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a woman had more months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 10.1b: Chlamydia Screening for Washington State Women Ages 16-20 Years (CHL), By Race/Ethnicity 2018-2022

**Measure CHL - Chlamydia Screening for Women Ages 16 to 20
Who Were Enrolled in Medicaid/CHIP and Identified as Sexually Active
By Race/Ethnicity (Mutually Exclusive), 2018 to 2022**

	2018			2019			2020			2021			2022		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Hispanic	9,526	4,805	50.4%	9,976	5,014	50.3%	10,418	4,938	47.4%	11,503	5,375	46.7%	11,836	5,423	45.8%
Not Hispanic or Ethnicity Unknown															
White	15,646	7,256	46.4%	14,780	6,904	46.7%	15,044	6,391	42.5%	15,604	6,300	40.4%	15,558	6,287	40.4%
Asian	961	417	43.4%	963	417	43.3%	950	383	40.3%	962	394	41.0%	964	386	40.0%
Black	2,167	1,152	53.2%	2,096	1,146	54.7%	2,127	1,136	53.4%	2,307	1,174	50.9%	2,277	1,122	49.3%
American Indian/Alaska Native	1,406	713	50.7%	1,372	686	50.0%	1,328	625	47.1%	1,431	649	45.4%	1,412	662	46.9%
Hawaiian/Pacific Islander	643	310	48.2%	642	307	47.8%	636	289	45.4%	755	336	44.5%	841	364	43.3%
More Than One Race	584	316	54.1%	586	312	53.2%	641	305	47.6%	728	370	50.8%	764	365	47.8%
Other/Unknown	665	260	39.1%	650	251	38.6%	763	273	35.8%	867	301	34.7%	1,080	415	38.4%
Total	31,598	15,229	48.2%	31,065	15,037	48.4%	31,907	14,340	44.9%	34,157	14,899	43.6%	34,732	15,024	43.3%

Eligible women were in the specified age range as of December 31 of the measurement year, were continuously enrolled in Medicaid or CHIP with medical or family planning benefits for at least 11 months of the measurement year, and were enrolled on December 31 of the measurement year. **Excludes** women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who died during the measurement period; women who used hospice services or benefits during the measurement year; and women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test.

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

Table 11.1a: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-19 Years, By Health Care Delivery Model 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits															
Emergency Visits During the Year for Children Through Age Nineteen Enrolled in Medicaid or CHIP for at least One Month															
Emergency Visits per 1,000 Months of Eligibility 2018-2022															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan															
Amerigroup Washington Inc	23,236	612,373	37.9	29,528	778,398	37.9	19,785	885,419	22.3	23,073	925,761	24.9	31,933	955,696	33.4
Community Health Plan of WA	58,817	1,564,587	37.6	55,284	1,431,169	38.6	25,849	1,201,621	21.5	31,488	1,235,472	25.5	44,878	1,281,461	35.0
Coordinated Care of Washington	52,527	1,253,049	41.9	50,273	1,165,323	43.1	26,741	1,103,196	24.2	30,710	1,154,227	26.6	45,108	1,205,192	37.4
Molina Healthcare of WA	163,699	4,768,384	34.3	169,799	4,782,991	35.5	105,760	4,977,909	21.2	129,678	5,175,993	25.1	172,585	5,228,550	33.0
UnitedHealthcare Community Plan	32,673	995,126	32.8	25,376	785,655	32.3	17,749	879,076	20.2	22,070	935,183	23.6	29,928	958,253	31.2
Medicaid Managed Care	330,952	9,193,519	36.0	330,260	8,943,536	36.9	195,884	9,047,221	21.7	237,019	9,426,636	25.1	324,432	9,629,152	33.7
Medicaid Fee for Service	12,901	334,758	38.5	15,131	372,410	40.6	8,371	319,713	26.2	8,882	302,041	29.4	10,705	299,081	35.8
Total	343,853	9,528,277	36.1	345,391	9,315,946	37.1	204,255	9,366,934	21.8	245,901	9,728,677	25.3	335,137	9,928,233	33.8
Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 0 to 19 at the time of the visit. Emergency claims occurring on the same day were considered one visit. Excludes visits on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. Excludes children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.															
Child may have been enrolled in more than one plan over time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.															

Table 11.1b: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-19 Years, By Race/Ethnicity 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits Emergency Visits During the Year for Children Through Age Nineteen Enrolled in Medicaid or CHIP for at least One Month Emergency Visits per 1,000 Months of Eligibility 2018-2022 By Race/Ethnicity (Mutually Exclusive)															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	131,095	3,219,562	40.7	134,046	3,202,159	41.9	73,458	3,250,420	22.6	92,367	3,385,425	27.3	133,033	3,457,063	38.5
Not Hispanic or Ethnicity Unknown															
White	136,938	4,053,547	33.8	134,257	3,891,316	34.5	85,345	3,852,144	22.2	96,683	3,959,092	24.4	121,557	3,989,004	30.5
Asian	7,978	397,983	20.0	8,303	384,128	21.6	4,477	388,235	11.5	5,737	402,748	14.2	9,717	409,594	23.7
Black	28,578	709,740	40.3	28,779	704,429	40.9	16,859	715,718	23.6	21,487	745,398	28.8	29,463	761,218	38.7
American Indian/Alaska Native	13,879	326,295	42.5	13,628	321,380	42.4	8,668	325,563	26.6	10,076	339,389	29.7	12,422	345,981	35.9
Hawaiian/Pacific Islander	10,932	307,532	35.5	11,826	308,386	38.3	6,402	319,719	20.0	8,175	343,992	23.8	12,337	365,413	33.8
More Than One Race	6,865	183,729	37.4	6,819	182,365	37.4	4,330	186,614	23.2	5,697	202,859	28.1	8,206	227,428	36.1
Other/Unknown	7,588	329,889	23.0	7,733	321,783	24.0	4,716	328,521	14.4	5,679	349,774	16.2	8,402	372,532	22.6
Total	343,853	9,528,277	36.1	345,391	9,315,946	37.1	204,255	9,366,934	21.8	245,901	9,728,677	25.3	335,137	9,928,233	33.8

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 0 to 19 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency.

Excludes children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was missing and the child had a Medicaid ID in the First Steps Database, the mother's race/ethnicity from the birth certificate was used as the child's race/ethnicity.

Table 11.2a: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-1 Year, By Health Care Delivery Model 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month Emergency Visits per 1,000 Months of Eligibility 2018-2022															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan															
Amerigroup Washington Inc	3,384	46,760	72.4	4,109	55,591	73.9	2,520	57,238	44.0	2,803	54,509	51.4	3,981	53,750	74.1
Community Health Plan of WA	6,310	79,301	79.6	5,947	71,841	82.8	2,720	56,478	48.2	3,244	55,232	58.7	4,728	60,768	77.8
Coordinated Care of Washington	6,466	74,304	87.0	5,774	63,100	91.5	3,004	57,463	52.3	3,479	58,274	59.7	5,320	62,149	85.6
Molina Healthcare of WA	18,163	268,174	67.7	18,540	262,573	70.6	11,148	264,227	42.2	13,032	257,969	50.5	17,900	256,239	69.9
UnitedHealthcare Community Plan	4,124	66,179	62.3	3,152	49,700	63.4	2,008	51,497	39.0	2,543	51,977	48.9	3,251	52,464	62.0
Medicaid Managed Care	38,447	534,718	71.9	37,522	502,805	74.6	21,400	486,903	44.0	25,101	477,961	52.5	35,180	485,370	72.5
Medicaid Fee for Service	1,466	26,117	56.1	1,847	29,025	63.6	903	27,091	33.3	1,150	29,076	39.6	1,570	30,807	51.0
Total	39,913	560,835	71.2	39,369	531,830	74.0	22,303	513,994	43.4	26,251	507,037	51.8	36,750	516,177	71.2
Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 0 to 1 at the time of the visit. Emergency claims occurring on the same day were considered one visit. Excludes visits on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. Excludes children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care. Child may have been enrolled in more than one plan over time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.															

Table 11.2b: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-1 Year, By Race/Ethnicity 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits															
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month															
Emergency Visits per 1,000 Months of Eligibility 2018-2022															
By Race/Ethnicity (Mutually Exclusive)															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	16,645	187,183	88.9	16,783	183,508	91.5	9,128	180,607	50.5	11,088	178,767	62.0	15,656	186,618	83.9
Not Hispanic or Ethnicity Unknown															
White	13,581	243,574	55.8	13,014	223,903	58.1	7,929	213,129	37.2	8,839	207,084	42.7	11,885	200,224	59.4
Asian	1,076	23,981	44.9	955	21,657	44.1	590	20,798	28.4	675	18,996	35.5	1,124	19,096	58.9
Black	3,551	45,568	77.9	3,358	43,287	77.6	1,849	42,086	43.9	2,377	42,600	55.8	2,950	40,544	72.8
American Indian/Alaska Native	1,730	19,890	87.0	1,665	18,522	89.9	932	18,010	51.7	1,036	17,196	60.2	1,322	17,247	76.7
Hawaiian/Pacific Islander	2,043	19,337	105.7	2,246	19,444	115.5	1,065	19,089	55.8	1,187	18,663	63.6	1,811	19,015	95.2
More Than One Race	900	13,501	66.7	952	13,961	68.2	557	13,469	41.4	785	16,510	47.5	1,414	22,651	62.4
Other/Unknown	387	7,801	49.6	396	7,548	52.5	253	6,806	37.2	264	7,221	36.6	588	10,782	54.5
Total	39,913	560,835	71.2	39,369	531,830	74.0	22,303	513,994	43.4	26,251	507,037	51.8	36,750	516,177	71.2

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 0 to 1 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. **Excludes children** who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was missing and the child had a Medicaid ID in the First Steps Database, the mother's race/ethnicity from the birth certificate was used as the child's race/ethnicity.

Table 11.3a: Ambulatory Care - Emergency Department Visits (AMB): Ages 1-9 Years, By Health Care Delivery Model 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits															
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month															
Emergency Visits per 1,000 Months of Eligibility 2018-2022															
Medicaid Managed Care Plan	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per	Total ED Visits	Total Elig Months	Visits per	Total ED Visits	Total Elig Months	Visits per	Total ED Visits	Total Elig Months	Visits per	Total ED Visits	Total Elig Months	Visits per
			1,000 Mths			1,000 Mths			1,000 Mths			1,000 Mths			1,000 Mths
Amerigroup Washington Inc	12,102	316,180	38.3	15,585	399,508	39.0	9,510	447,111	21.3	11,683	465,374	25.1	17,424	477,866	36.5
Community Health Plan of WA	28,707	732,392	39.2	27,197	656,400	41.4	11,527	532,324	21.7	14,485	531,781	27.2	22,421	543,725	41.2
Coordinated Care of Washington	26,333	632,347	41.6	25,330	580,146	43.7	12,045	538,333	22.4	14,315	552,196	25.9	22,956	570,216	40.3
Molina Healthcare of WA	81,677	2,358,716	34.6	85,298	2,328,758	36.6	48,135	2,376,718	20.3	60,763	2,424,445	25.1	87,800	2,411,701	36.4
UnitedHealthcare Community Plan	17,269	512,439	33.7	13,534	400,937	33.8	8,409	438,834	19.2	10,658	460,194	23.2	16,341	466,341	35.0
Medicaid Managed Care	166,088	4,552,074	36.5	166,944	4,365,749	38.2	89,626	4,333,320	20.7	111,904	4,433,990	25.2	166,942	4,469,849	37.3
Medicaid Fee for Service	5,503	148,100	37.2	6,670	167,321	39.9	3,295	139,907	23.6	3,586	126,064	28.4	4,626	122,795	37.7
Total	171,591	4,700,174	36.5	173,614	4,533,070	38.3	92,921	4,473,227	20.8	115,490	4,560,054	25.3	171,568	4,592,644	37.4

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 1 to 9 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. **Excludes children** who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Child may have been enrolled in more than one **plan** over time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 11.3b: Ambulatory Care - Emergency Department Visits (AMB): Ages 1-9 Years, By Race/Ethnicity 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2018-2022
By Race/Ethnicity (Mutually Exclusive)

	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	68,045	1,575,365	43.2	69,222	1,524,575	45.4	34,452	1,503,962	22.9	45,325	1,532,755	29.6	69,925	1,539,578	45.4
Not Hispanic or Ethnicity Unknown															
White	64,845	2,010,493	32.3	64,193	1,919,215	33.4	37,390	1,875,799	19.9	42,827	1,895,798	22.6	58,823	1,887,675	31.2
Asian	4,723	183,378	25.8	4,873	176,932	27.5	2,385	177,572	13.4	3,155	183,337	17.2	5,937	185,087	32.1
Black	14,435	357,409	40.4	15,058	351,924	42.8	7,654	352,777	21.7	10,161	360,653	28.2	15,821	366,240	43.2
American Indian/Alaska Native	6,262	155,219	40.3	6,274	153,374	40.9	3,606	153,353	23.5	4,439	157,976	28.1	5,895	158,839	37.1
Hawaiian/Pacific Islander	5,886	154,136	38.2	6,581	153,543	42.9	3,305	157,422	21.0	4,421	167,624	26.4	6,984	176,467	39.6
More Than One Race	3,496	101,988	34.3	3,465	98,014	35.4	2,047	98,137	20.9	2,592	103,092	25.1	4,053	112,215	36.1
Other/Unknown	3,899	162,186	24.0	3,948	155,493	25.4	2,082	154,205	13.5	2,570	158,819	16.2	4,130	166,543	24.8
Total	171,591	4,700,174	36.5	173,614	4,533,070	38.3	92,921	4,473,227	20.8	115,490	4,560,054	25.3	171,568	4,592,644	37.4

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 1 to 9 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency.

Excludes children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was missing and the child had a Medicaid ID in the First Steps Database, the mother's race/ethnicity from the birth certificate was used as the child's race/ethnicity.

Table 11.4a: Ambulatory Care - Emergency Department Visits (AMB): Ages 10-19 Years, By Health Care Delivery Model 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits															
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month															
Emergency Visits per 1,000 Months of Eligibility 2018-2022															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan															
Amerigroup Washington Inc	7,750	249,433	31.1	9,834	323,299	30.4	7,755	381,070	20.4	8,587	405,878	21.2	10,528	424,080	24.8
Community Health Plan of WA	23,800	752,894	31.6	22,140	702,928	31.5	11,602	612,819	18.9	13,759	648,459	21.2	17,729	676,968	26.2
Coordinated Care of Washington	19,728	546,398	36.1	19,169	522,077	36.7	11,692	507,400	23.0	12,916	543,757	23.8	16,832	572,827	29.4
Molina Healthcare of WA	63,859	2,141,494	29.8	65,961	2,191,660	30.1	46,477	2,336,964	19.9	55,883	2,493,579	22.4	66,885	2,560,610	26.1
UnitedHealthcare Community Plan	11,280	416,508	27.1	8,690	335,018	25.9	7,332	388,745	18.9	8,869	423,012	21.0	10,336	439,448	23.5
Medicaid Managed Care	126,417	4,106,727	30.8	125,794	4,074,982	30.9	84,858	4,226,998	20.1	100,014	4,514,685	22.2	122,310	4,673,933	26.2
Medicaid Fee for Service	5,932	160,541	37.0	6,614	176,064	37.6	4,173	152,715	27.3	4,146	146,901	28.2	4,509	145,479	31.0
Total	132,349	4,267,268	31.0	132,408	4,251,046	31.1	89,031	4,379,713	20.3	104,160	4,661,586	22.3	126,819	4,819,412	26.3

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 10 to 19 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. **Excludes children** who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Child may have been enrolled in more than one **plan** over time. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 11.4b: Ambulatory Care - Emergency Department Visits (AMB): Ages 10-19 Years, By Race/Ethnicity 2018-2022

Measure AMB - Ambulatory Care -- Emergency Department Visits															
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month															
Emergency Visits per 1,000 Months of Eligibility 2018-2022															
By Race/Ethnicity (Mutually Exclusive)															
	2018			2019			2020			2021			2022		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	46,405	1,457,014	31.8	48,041	1,494,076	32.2	29,878	1,565,851	19.1	35,954	1,673,903	21.5	47,452	1,730,867	27.4
Not Hispanic or Ethnicity Unknown															
White	58,512	1,799,480	32.5	57,050	1,748,198	32.6	40,026	1,763,216	22.7	45,017	1,856,210	24.3	50,849	1,901,105	26.7
Asian	2,179	190,624	11.4	2,475	185,539	13.3	1,502	189,865	7.9	1,907	200,415	9.5	2,656	205,411	12.9
Black	10,592	306,763	34.5	10,363	309,218	33.5	7,356	320,855	22.9	8,949	342,145	26.2	10,692	354,434	30.2
American Indian/Alaska Native	5,887	151,186	38.9	5,689	149,484	38.1	4,130	154,200	26.8	4,601	164,217	28.0	5,205	169,895	30.6
Hawaiian/Pacific Islander	3,003	134,059	22.4	2,999	135,399	22.1	2,032	143,208	14.2	2,567	157,705	16.3	3,542	169,931	20.8
More Than One Race	2,469	68,240	36.2	2,402	70,390	34.1	1,726	75,008	23.0	2,320	83,257	27.9	2,739	92,562	29.6
Other/Unknown	3,302	159,902	20.7	3,389	158,742	21.3	2,381	167,510	14.2	2,845	183,734	15.5	3,684	195,207	18.9
Total	132,349	4,267,268	31.0	132,408	4,251,046	31.1	89,031	4,379,713	20.3	104,160	4,661,586	22.3	126,819	4,819,412	26.3

Eligible emergency department visits are for children who were enrolled in Medicaid or CHIP and were age 10 to 19 at the time of the visit. Emergency claims occurring on the same day were considered one visit. **Excludes visits** on fee-for-service claims with no Medicaid-paid amount, visits that result in an inpatient stay, and visits for mental health or chemical dependency. **Excludes children** who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was missing and the child had a Medicaid ID in the First Steps Data base, the mother's race/ethnicity from the birth certificate was used as the child's race/ethnicity.

Table 12.1a: Comprehensive or Periodic Oral Evaluation for Washington State Children Under Age 21 Years (OEV), By Health Care Delivery Model 2018-2022

**Measure OEV -- Children < Age 21 Who Received a Comprehensive or Periodic Oral Evaluation within Measurement Year
By Delivery System 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL	Received Oral		TOTAL	Received Oral		TOTAL	Received Oral		TOTAL	Received Oral		TOTAL	Received Oral	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	50,214	25,368	50.5%	65,910	36,020	54.7%	75,778	33,259	43.9%	78,629	38,362	48.8%	81,275	40,026	49.2%
Community Health Plan of WA	132,707	80,889	61.0%	122,064	75,413	61.8%	101,764	49,788	48.9%	104,872	57,713	55.0%	108,208	58,847	54.4%
Coordinated Care of WA	107,425	67,751	63.1%	98,857	62,670	63.4%	92,754	49,376	53.2%	97,886	55,810	57.0%	102,442	56,594	55.2%
Molina Healthcare of WA Inc	404,574	239,470	59.2%	405,122	241,927	59.7%	421,361	205,345	48.7%	440,068	233,842	53.1%	444,225	235,764	53.1%
United Health Care Community Plan	84,202	44,254	52.6%	66,221	34,990	52.8%	74,032	31,463	42.5%	79,102	37,614	47.6%	80,942	38,835	48.0%
Uncategorized	4,651	1,218	26.2%	4,768	1,141	23.9%	3,540	593	16.8%	3,268	508	15.5%	3,663	681	18.6%
Medicaid Managed Care	783,773	458,950	58.6%	762,942	452,161	59.3%	769,229	369,824	48.1%	803,825	423,849	52.7%	820,755	430,747	52.5%
Medicaid Fee for Service	24,883	11,641	46.8%	26,703	12,794	47.9%	23,980	8,892	37.1%	23,825	9,834	41.3%	23,315	9,513	40.8%
Total	808,656	470,591	58.2%	789,645	464,955	58.9%	793,209	378,716	47.7%	827,650	433,683	52.4%	844,070	440,260	52.2%

Oral evaluations are as identified in claims/encounters during the measurement year. Oral evaluations provided outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children/young adults were under age 21 as of December 31 of the measurement year and were continuously enrolled in Medicaid or CHIP for at least 6 of the 12 months in the measurement year. **Excludes** children who are eligible for both Medicaid and Medicare; and children who have full third party liability.

Plan listed is the managed care plan that the child was enrolled in for at least six months during the measurement year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least six months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 12.1b: Comprehensive or Periodic Oral Evaluation for Washington State Children Under Age 21 Years (OEV), By Race/Ethnicity 2018-2022

Measure OEV -- Children < Age 21 Who Received a Comprehensive or Periodic Oral Evaluation within Measurement Year
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Received Oral Evaluation		TOTAL ELIGIBLE CHILDREN	Received Oral Evaluation		TOTAL ELIGIBLE CHILDREN	Received Oral Evaluation		TOTAL ELIGIBLE CHILDREN	Received Oral Evaluation		TOTAL ELIGIBLE CHILDREN	Received Oral Evaluation	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	257,986	171,738	66.6%	255,469	170,402	66.7%	257,740	141,026	54.7%	268,730	159,732	59.4%	273,060	159,283	58.3%
Not Hispanic or Ethnicity Unknown															
White	325,145	178,402	54.9%	310,337	173,475	55.9%	305,659	142,386	46.6%	314,079	156,858	49.9%	314,764	156,767	49.8%
Asian	30,039	18,617	62.0%	28,685	18,147	63.3%	28,936	13,087	45.2%	29,704	15,937	53.7%	29,866	16,643	55.7%
Black	57,758	29,929	51.8%	57,269	29,835	52.1%	57,970	21,791	37.6%	60,288	28,110	46.6%	61,335	29,347	47.8%
American Indian/Alaska Native	27,597	13,300	48.2%	26,984	13,264	49.2%	27,346	10,649	38.9%	28,636	12,463	43.5%	29,079	12,768	43.9%
Hawaiian/Pacific Islander	25,158	12,093	48.1%	25,246	11,949	47.3%	26,186	9,329	35.6%	28,386	11,619	40.9%	30,034	12,494	41.6%
More Than One Race	13,730	7,278	53.0%	13,519	7,387	54.6%	13,776	5,994	43.5%	14,924	6,979	46.8%	16,805	7,635	45.4%
Other/Unknown	71,243	39,234	55.1%	72,136	40,496	56.1%	75,596	34,454	45.6%	82,903	41,985	50.6%	89,127	45,323	50.9%
Total	808,656	470,591	58.2%	789,645	464,955	58.9%	793,209	378,716	47.7%	827,650	433,683	52.4%	844,070	440,260	52.2%

Oral evaluations are as identified in claims/encounters during the measurement year. Oral evaluations provided outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children/young adults were under age 21 as of December 31 of the measurement year and were continuously enrolled in Medicaid or CHIP for at least 6 of the 12 months in the measurement year. **Excludes** children who are eligible for both Medicaid and Medicare; and children who have full third party liability.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race.

Table 13.1a: Topical Fluoride for Washington State Children Under Age 21 Years, (TFL-CH (Rate 1)), By Health Care Delivery Model 2018-2022

Measure TFL -- Topical Fluoride for Children - Dental or Oral Health Services												
By Delivery System 2018 to 2022												
	2018			2019			2020			2021		
	TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	38,626	9,508	24.6%	50,689	13,538	26.7%	61,503	8,523	13.9%	68,013	13,756	20.2%
Community Health Plan of WA	109,280	33,780	30.9%	98,538	30,969	31.4%	90,336	14,569	16.1%	94,372	21,135	22.4%
Coordinated Care of WA	85,883	29,137	33.9%	82,167	28,094	34.2%	82,244	15,303	18.6%	87,742	21,493	24.5%
Molina Healthcare of WA Inc	341,834	105,466	30.9%	340,656	105,578	31.0%	375,605	64,865	17.3%	400,435	94,287	23.5%
United Health Care Community Plan	65,366	17,748	27.2%	51,959	14,275	27.5%	62,199	9,186	14.8%	68,134	13,916	20.4%
Uncategorized	39,864	9,873	24.8%	39,646	10,064	25.4%	28,513	3,962	13.9%	20,292	3,665	18.1%
Medicaid Managed Care	680,853	205,512	30.2%	663,655	202,518	30.5%	700,400	116,408	16.6%	738,988	168,252	22.8%
Medicaid Fee for Service	21,341	4,632	21.7%	23,001	5,281	23.0%	21,843	2,423	11.1%	21,676	3,029	14.0%
Total	702,194	210,144	29.9%	686,656	207,799	30.3%	722,243	118,831	16.5%	760,664	171,281	22.5%
Topical fluoride applications were identified in claims/encounters during the measurement year. Fluoride applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation. Eligible children/young adults were age 1 through 20 as of December 31 of the measurement year and were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year. Excludes children who have full third party liability. Plan listed is the managed care plan that the child was enrolled in for at least 11 months of the measurement year. Uncategorized indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.												

Table 13.1b: Topical Fluoride for Washington State Children Under Age 21 Years, (TFL-CH (Rate 1)), By Race/Ethnicity 2018-2022

Measure TFL -- Topical Fluoride for Children - Dental or Oral Health Services															
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022															
	2018			2019			2020			2021			2022		
	TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications		TOTAL	Two Fluoride Applications	
	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total	ELIGIBLE CHILDREN	% of N	Total
Hispanic	228,923	83,803	36.6%	225,978	81,935	36.3%	238,922	46,567	19.5%	251,542	66,956	26.6%	256,680	66,494	25.9%
Not Hispanic or Ethnicity Unknown															
White	281,585	75,697	26.9%	269,953	74,363	27.5%	277,161	43,633	15.7%	287,233	60,601	21.1%	288,235	59,923	20.8%
Asian	26,146	8,588	32.8%	25,209	8,296	32.9%	26,164	3,999	15.3%	27,453	6,262	22.8%	27,787	7,000	25.2%
Black	49,750	10,871	21.9%	49,260	10,810	21.9%	52,729	5,609	10.6%	55,378	8,773	15.8%	56,738	9,806	17.3%
American Indian/Alaska Native	23,883	5,365	22.5%	23,523	5,576	23.7%	24,970	3,027	12.1%	26,414	4,097	15.5%	27,088	4,363	16.1%
Hawaiian/Pacific Islander	21,150	4,670	22.1%	20,981	4,614	22.0%	23,382	2,747	11.7%	25,324	4,157	16.4%	27,075	4,704	17.4%
More Than One Race	11,854	2,949	24.9%	11,677	2,980	25.5%	12,366	1,728	14.0%	13,158	2,590	19.7%	14,714	2,893	19.7%
Other/Unknown	58,903	18,201	30.9%	60,075	19,225	32.0%	66,549	11,521	17.3%	74,162	17,845	24.1%	80,195	19,620	24.5%
Total	702,194	210,144	29.9%	686,656	207,799	30.3%	722,243	118,831	16.5%	760,664	171,281	22.5%	778,512	174,803	22.5%
Topical fluoride applications were identified in claims/encounters during the measurement year. Fluoride applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation.															
Eligible children/young adults were age 1 through 20 as of December 31 of the measurement year and were enrolled in Medicaid or CHIP for at least 11 of the 12 months in the measurement year. Excludes children who have full third party liability.															
Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race.															

Table 14.1a: At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday (SFM-CH (Rate 1)), By Health Care Delivery Model 2018-2022

Measure SFM -- At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday
By Delivery System 2018 to 2022

	2018			2019			2020			2021			2022		
	TOTAL	At Least One Sealant	% of	TOTAL	At Least One Sealant	% of	TOTAL	At Least One Sealant	% of	TOTAL	At Least One Sealant	% of	TOTAL	At Least One Sealant	% of
	ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N	
Medicaid Managed Care Plan															
Amerigroup Washington Inc	1,687	1,094	64.8%	1,871	1,228	65.6%	2,289	1,537	67.1%	2,800	1,783	63.7%	3,153	1,943	61.6%
Community Health Plan of WA	6,192	4,695	75.8%	5,373	4,082	76.0%	4,536	3,402	75.0%	4,603	3,337	72.5%	4,571	3,192	69.8%
Coordinated Care of WA	4,664	3,539	75.9%	3,994	3,019	75.6%	3,687	2,751	74.6%	3,988	2,820	70.7%	4,356	2,954	67.8%
Molina Healthcare of WA Inc	17,947	13,017	72.5%	17,542	12,813	73.0%	17,701	12,522	70.7%	18,951	12,879	68.0%	19,607	12,928	65.9%
United Health Care Community Plan	3,159	2,075	65.7%	2,467	1,679	68.1%	2,557	1,639	64.1%	3,018	1,857	61.5%	3,297	1,992	60.4%
Uncategorized	2,193	1,565	71.4%	3,016	2,132	70.7%	2,452	1,676	68.4%	1,198	784	65.4%	1,051	640	60.9%
Medicaid Managed Care	35,842	25,985	72.5%	34,263	24,953	72.8%	33,222	23,527	70.8%	34,558	23,460	67.9%	36,035	23,649	65.6%
Medicaid Fee for Service	1,077	711	66.0%	1,075	728	67.7%	1,061	676	63.7%	1,035	654	63.2%	1,035	629	60.8%
Total	36,919	26,696	72.3%	35,338	25,681	72.7%	34,283	24,203	70.6%	35,593	24,114	67.7%	37,070	24,278	65.5%

Sealants were identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Excludes** children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday.

Plan listed is the managed care plan that the child was enrolled in for at least 11 of the 12 months leading up to the child's 10th birthday. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 14.1b: At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday (SFM-CH (Rate 1)), By Race/Ethnicity 2018-2022

**Measure SFM -- At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL	At Least One Sealant	% of Total	TOTAL	At Least One Sealant	% of Total	TOTAL	At Least One Sealant	% of Total	TOTAL	At Least One Sealant	% of Total	TOTAL	At Least One Sealant	% of Total
	ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N	
Hispanic	12,821	10,213	79.7%	12,107	9,620	79.5%	11,422	8,884	77.8%	11,727	8,744	74.6%	11,903	8,666	72.8%
Not Hispanic or Ethnicity Unknown															
White	14,427	9,737	67.5%	13,644	9,253	67.8%	13,228	8,846	66.9%	13,820	8,847	64.0%	14,501	9,038	62.3%
Asian	1,260	972	77.1%	1,209	912	75.4%	1,201	879	73.2%	1,317	905	68.7%	1,399	949	67.8%
Black	2,642	1,878	71.1%	2,557	1,853	72.5%	2,591	1,720	66.4%	2,641	1,657	62.7%	2,767	1,688	61.0%
American Indian/Alaska Native	1,187	775	65.3%	1,170	811	69.3%	1,117	721	64.5%	1,165	738	63.3%	1,224	730	59.6%
Hawaiian/Pacific Islander	994	637	64.1%	1,034	670	64.8%	1,031	633	61.4%	1,107	660	59.6%	1,199	644	53.7%
More Than One Race	667	446	66.9%	617	433	70.2%	602	390	64.8%	699	445	63.7%	712	412	57.9%
Other/Unknown	2,921	2,038	69.8%	3,000	2,129	71.0%	3,091	2,130	68.9%	3,117	2,118	67.9%	3,365	2,151	63.9%
Total	36,919	26,696	72.3%	35,338	25,681	72.7%	34,283	24,203	70.6%	35,593	24,114	67.7%	37,070	24,278	65.5%

Sealants were identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Excludes** children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race.

Table 14.2a: All Four Permanent Molars Sealed by the Tenth Birthday (SFM-CH (Rate 2)), By Health Care Delivery Model 2018-2022

**Measure SFM -- All Four Permanent Molars Sealed by the Tenth Birthday
By Delivery System 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL	All Four Molars Sealed	% of Total	TOTAL	All Four Molars Sealed	% of Total	TOTAL	All Four Molars Sealed	% of Total	TOTAL	All Four Molars Sealed	% of Total	TOTAL	All Four Molars Sealed	% of Total
	ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N		ELIGIBLE CHILDREN	N	
Medicaid Managed Care Plan															
Amerigroup Washington Inc	1,687	720	42.7%	1,871	804	43.0%	2,289	1,031	45.0%	2,800	1,111	39.7%	3,153	1,254	39.8%
Community Health Plan of WA	6,192	3,215	51.9%	5,373	2,786	51.9%	4,536	2,339	51.6%	4,603	2,198	47.8%	4,571	2,139	46.8%
Coordinated Care of WA	4,664	2,449	52.5%	3,994	2,074	51.9%	3,687	1,891	51.3%	3,988	1,914	48.0%	4,356	2,028	46.6%
Molina Healthcare of WA Inc	17,947	9,050	50.4%	17,542	8,830	50.3%	17,701	8,794	49.7%	18,951	8,605	45.4%	19,607	8,979	45.8%
United Health Care Community Plan	3,159	1,452	46.0%	2,467	1,154	46.8%	2,557	1,134	44.3%	3,018	1,250	41.4%	3,297	1,369	41.5%
Uncategorized	2,193	1,061	48.4%	3,016	1,414	46.9%	2,452	1,166	47.6%	1,198	512	42.7%	1,051	431	41.0%
Medicaid Managed Care	35,842	17,947	50.1%	34,263	17,062	49.8%	33,222	16,355	49.2%	34,558	15,590	45.1%	36,035	16,200	45.0%
Medicaid Fee for Service	1,077	434	40.3%	1,075	432	40.2%	1,061	449	42.3%	1,035	362	35.0%	1,035	378	36.5%
Total	36,919	18,381	49.8%	35,338	17,494	49.5%	34,283	16,804	49.0%	35,593	15,952	44.8%	37,070	16,578	44.7%

Sealants were identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Excludes** children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday.

Plan listed is the managed care plan that the child was enrolled in for at least 11 of the 12 months leading up to the child's 10th birthday. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service.

Table 14.2b: All Four Permanent Molars Sealed by the Tenth Birthday (SFM-CH (Rate 2)), By Race/Ethnicity 2018-2022

**Measure SFM -- All Four Permanent Molars Sealed by the Tenth Birthday
By Race/Ethnicity (Mutually Exclusive) 2018 to 2022**

	2018			2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	12,821	7,074	55.2%	12,107	6,476	53.5%	11,422	6,203	54.3%	11,727	5,742	49.0%	11,903	5,858	49.2%
Not Hispanic or Ethnicity Unknown															
White	14,427	6,706	46.5%	13,644	6,398	46.9%	13,228	6,134	46.4%	13,820	5,862	42.4%	14,501	6,234	43.0%
Asian	1,260	674	53.5%	1,209	640	52.9%	1,201	623	51.9%	1,317	658	50.0%	1,399	685	49.0%
Black	2,642	1,290	48.8%	2,557	1,275	49.9%	2,591	1,216	46.9%	2,641	1,128	42.7%	2,767	1,217	44.0%
American Indian/Alaska Native	1,187	489	41.2%	1,170	507	43.3%	1,117	462	41.4%	1,165	420	36.1%	1,224	428	35.0%
Hawaiian/Pacific Islander	994	392	39.4%	1,034	425	41.1%	1,031	390	37.8%	1,107	411	37.1%	1,199	378	31.5%
More Than One Race	667	314	47.1%	617	301	48.8%	602	275	45.7%	699	299	42.8%	712	277	38.9%
Other/Unknown	2,921	1,442	49.4%	3,000	1,472	49.1%	3,091	1,501	48.6%	3,117	1,432	45.9%	3,365	1,501	44.6%
Total	36,919	18,381	49.8%	35,338	17,494	49.5%	34,283	16,804	49.0%	35,593	15,952	44.8%	37,070	16,578	44.7%

Sealants were identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP have not been identified; rates may be an underestimation.

Eligible children turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Excludes** children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race.

Table 16.1a: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Ages 1 - 17 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

Measure APP -- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics -- Ages One to Seventeen
Percentage Who Had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care
By Delivery System 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	88	45	51.1%	101	67	66.3%	97	57	58.8%	110	59	53.6%
Community Health Plan of WA	208	127	61.1%	83	53	63.9%	86	60	69.8%	136	75	55.1%
Coordinated Care of WA	350	229	65.4%	240	170	70.8%	274	185	67.5%	301	191	63.5%
Molina Healthcare of WA Inc	847	499	58.9%	647	400	61.8%	680	414	60.9%	782	436	55.8%
United Health Care Community Plan	92	55	59.8%	78	47	60.3%	110	75	68.2%	102	60	58.8%
Uncategorized	114	78	68.4%	92	61	66.3%	44	31	70.5%	53	33	62.3%
Medicaid Managed Care	1,699	1,033	60.8%	1,241	798	64.3%	1,291	822	63.7%	1,484	854	57.5%
Medicaid Fee for Service	100	52	52.0%	63	37	58.7%	54	33	61.1%	57	30	52.6%
Total	1,799	1,085	60.3%	1,304	835	64.0%	1,345	855	63.6%	1,541	884	57.4%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 30 days after the index prescription date, were age 1-17 as of December 31 of the measurement year with a prescription for antipsychotic medication during the period January 1 through December 1 of the measurement year, with no antipsychotic medications dispensed in the prior 4 months. Documentation of **psychosocial care** must be during the period from 90 days prior through 30 days after the index medication prescription. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; and those with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder for at least one acute inpatient encounter or at least two visits on different dates in an outpatient, intensive outpatient, or partial hospitalization setting during the measurement year.

Plan listed is the managed care plan that the child was enrolled in from 4 months prior to the index prescription date through 30 days after the index prescription date. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 16.1b: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – Ages 1 - 17 Years on Antipsychotics, By Race/Ethnicity 2019-2022

Measure APP -- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics -- Ages One to Seventeen
Percentage Who Had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care
By Race/Ethnicity (Not Mutually Exclusive) 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation		TOTAL ELIGIBLE CHILDREN	Psychosocial Care Documentation	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
American Indian/Alaska Native	111	73	65.8%	82	45	54.9%	98	67	68.4%	102	52	51.0%
Asian	25	14	56.0%	15	**	**	11	**	**	20	12	60.0%
Black or African American	118	71	60.2%	109	69	63.3%	83	60	72.3%	109	69	63.3%
Hispanic or Latino	386	208	53.9%	249	152	61.0%	271	160	59.0%	341	186	54.5%
Native Hawaiian/Pacific Islander	30	22	73.3%	20	12	60.0%	25	15	60.0%	30	17	56.7%
White, Non-Hispanic (and none of the above)	1,085	680	62.7%	777	514	66.2%	817	528	64.6%	893	531	59.5%
Other/Unknown	89	49	55.1%	79	**	**	76	**	**	93	45	48.4%
Total	1,799	1,085	60.3%	1,304	835	64.0%	1,345	855	63.6%	1,541	884	57.4%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 30 days after the index prescription date, were age 1-17 as of December 31 of the measurement year with a prescription for antipsychotic medication during the period January 1 through December 1 of the measurement year, with no antipsychotic medications dispensed in the prior 4 months. Documentation of **psychosocial care** must be during the period from 90 days prior through 30 days after the index medication prescription. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; and those with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder for at least one acute inpatient encounter or at least two visits on different dates in an outpatient, intensive outpatient, or partial hospitalization setting during the measurement year.

Race/ethnicity categories are not mutually exclusive with the exception of White, Non-Hispanic, which means children with multiple race/ethnicity categories are counted in each applicable category. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.

Table 17.1a: Blood Glucose Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

Percentage Who Received Blood Glucose Testing

By Delivery System 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	205	114	55.6%	256	119	46.5%	262	132	50.4%	282	147	52.1%
Community Health Plan of WA	356	183	51.4%	294	139	47.3%	267	141	52.8%	325	186	57.2%
Coordinated Care of WA	793	436	55.0%	801	406	50.7%	854	452	52.9%	868	437	50.3%
Molina Healthcare of WA Inc	1,688	900	53.3%	1,892	884	46.7%	1,891	1,008	53.3%	2,016	1,081	53.6%
United Health Care Community Plan	178	88	49.4%	213	105	49.3%	235	121	51.5%	259	143	55.2%
Uncategorized	244	141	57.8%	202	106	52.5%	175	103	58.9%	166	93	56.0%
Medicaid Managed Care	3,464	1,862	53.8%	3,658	1,759	48.1%	3,684	1,957	53.1%	3,916	2,087	53.3%
Medicaid Fee for Service	237	143	60.3%	203	96	47.3%	143	82	57.3%	158	78	49.4%
Total	3,701	2,005	54.2%	3,861	1,855	48.0%	3,827	2,039	53.3%	4,074	2,165	53.1%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 17.1b: Blood Glucose Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Race/Ethnicity 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

Percentage Who Received Blood Glucose Testing

By Race/Ethnicity (Mutually Exclusive) 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	653	373	57.1%	666	327	49.1%	674	372	55.2%	766	437	57.0%
Not Hispanic or Ethnicity Unknown												
White	2,291	1,212	52.9%	2,404	1,150	47.8%	2,395	1,244	51.9%	2,481	1,297	52.3%
Asian	35	20	57.1%	35	15	42.9%	36	21	58.3%	42	18	42.9%
Black	188	103	54.8%	200	86	43.0%	183	98	53.6%	194	110	56.7%
American Indian/Alaska Native	164	95	57.9%	180	87	48.3%	166	98	59.0%	193	94	48.7%
Hawaiian/Pacific Islander	30	20	66.7%	32	15	46.9%	37	22	59.5%	39	24	61.5%
More Than One Race	108	59	54.6%	98	53	54.1%	85	42	49.4%	95	45	47.4%
Other/Unknown	232	123	53.0%	246	122	49.6%	251	142	56.6%	264	140	53.0%
Total	3,701	2,005	54.2%	3,861	1,855	48.0%	3,827	2,039	53.3%	4,074	2,165	53.1%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 17.2a: Cholesterol Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

Percentage Who Received Cholesterol Testing

By Delivery System 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	205	72	35.1%	256	75	29.3%	262	71	27.1%	282	74	26.2%
Community Health Plan of WA	356	86	24.2%	294	72	24.5%	267	74	27.7%	325	85	26.2%
Coordinated Care of WA	793	300	37.8%	801	245	30.6%	854	284	33.3%	868	261	30.1%
Molina Healthcare of WA Inc	1,688	578	34.2%	1,892	497	26.3%	1,891	553	29.2%	2,016	552	27.4%
United Health Care Community Plan	178	52	29.2%	213	55	25.8%	235	60	25.5%	259	64	24.7%
Uncategorized	244	80	32.8%	202	45	22.3%	175	51	29.1%	166	47	28.3%
Medicaid Managed Care	3,464	1,168	33.7%	3,658	989	27.0%	3,684	1,093	29.7%	3,916	1,083	27.7%
Medicaid Fee for Service	237	95	40.1%	203	57	28.1%	143	45	31.5%	158	42	26.6%
Total	3,701	1,263	34.1%	3,861	1,046	27.1%	3,827	1,138	29.7%	4,074	1,125	27.6%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 17.2b: Cholesterol Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Race/Ethnicity By Health Care Delivery Model 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

**Percentage Who Received Cholesterol Testing
By Race/Ethnicity (Mutually Exclusive) 2019 to 2022**

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Cholesterol Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	653	229	35.1%	666	170	25.5%	674	199	29.5%	766	215	28.1%
Not Hispanic or Ethnicity Unknown												
White	2,291	783	34.2%	2,404	672	28.0%	2,395	716	29.9%	2,481	681	27.4%
Asian	35	11	31.4%	35	**	**	36	15	41.7%	42	15	35.7%
Black	188	59	31.4%	200	45	22.5%	183	53	29.0%	194	64	33.0%
American Indian/Alaska Native	164	61	37.2%	180	39	21.7%	166	50	30.1%	193	41	21.2%
Hawaiian/Pacific Islander	30	11	36.7%	32	**	**	37	11	29.7%	39	13	33.3%
More Than One Race	108	35	32.4%	98	32	32.7%	85	22	25.9%	95	25	26.3%
Other/Unknown	232	74	31.9%	246	69	28.0%	251	72	28.7%	264	71	26.9%
Total	3,701	1,263	34.1%	3,861	1,046	27.1%	3,827	1,138	29.7%	4,074	1,125	27.6%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.

Table 17.3a: Blood Glucose and Cholesterol Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

Percentage Who Received Blood Glucose and Cholesterol Testing

By Delivery System 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	205	70	34.1%	256	74	28.9%	262	65	24.8%	282	72	25.5%
Community Health Plan of WA	356	82	23.0%	294	72	24.5%	267	67	25.1%	325	82	25.2%
Coordinated Care of WA	793	284	35.8%	801	238	29.7%	854	275	32.2%	868	250	28.8%
Molina Healthcare of WA Inc	1,688	534	31.6%	1,892	473	25.0%	1,891	522	27.6%	2,016	530	26.3%
United Health Care Community Plan	178	51	28.7%	213	51	23.9%	235	58	24.7%	259	61	23.6%
Uncategorized	244	74	30.3%	202	44	21.8%	175	48	27.4%	166	45	27.1%
Medicaid Managed Care	3,464	1,095	31.6%	3,658	952	26.0%	3,684	1,035	28.1%	3,916	1,040	26.6%
Medicaid Fee for Service	237	91	38.4%	203	54	26.6%	143	44	30.8%	158	42	26.6%
Total	3,701	1,186	32.0%	3,861	1,006	26.1%	3,827	1,079	28.2%	4,074	1,082	26.6%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan for at least 11 months. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 17.3b: Blood Glucose and Cholesterol Testing – Metabolic Monitoring for Children and Adolescents Ages 1 - 17 Years on Antipsychotics, By Race/Ethnicity 2019-2022

Measure APM -- Metabolic Monitoring for Children and Adolescents Ages 1-17 on Antipsychotics

Percentage Who Received Blood Glucose and Cholesterol Testing

By Race/Ethnicity (Mutually Exclusive) 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test		TOTAL ELIGIBLE CHILDREN	Blood Glucose and Cholesterol Test	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	653	212	32.5%	666	165	24.8%	674	192	28.5%	766	206	26.9%
Not Hispanic or Ethnicity Unknown												
White	2,291	736	32.1%	2,404	643	26.7%	2,395	675	28.2%	2,481	659	26.6%
Asian	35	11	31.4%	35	**	**	36	15	41.7%	42	13	31.0%
Black	188	56	29.8%	200	42	21.0%	183	49	26.8%	194	61	31.4%
American Indian/Alaska Native	164	59	36.0%	180	37	20.6%	166	48	28.9%	193	40	20.7%
Hawaiian/Pacific Islander	30	11	36.7%	32	**	**	37	**	**	39	13	33.3%
More Than One Race	108	33	30.6%	98	32	32.7%	85	22	25.9%	95	24	25.3%
Other/Unknown	232	68	29.3%	246	68	27.6%	251	**	**	264	66	25.0%
Total	3,701	1,186	32.0%	3,861	1,006	26.1%	3,827	1,079	28.2%	4,074	1,082	26.6%

Eligible children were continuously enrolled in Medicaid or CHIP for at least 11 months of the measurement year, were age 1-17 as of December 31 of the measurement year, and who had at least two antipsychotic dispensing events during the year. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; and children who use hospice services or benefits during the measurement year.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.

Table 18.1a: Initiation – Follow-Up Visit Within 30 Days Care for Children Prescribed ADHD Medication – Ages 6 - 12 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

Measure ADD (Initiation) -- Follow-Up Care for Children 6-12 Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Percentage Newly Prescribed ADHD Medication Who Had A Follow-Up Visit Within 30 Days With a Practioner With Prescribing Authority
By Delivery System 2019 to 2022

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	244	87	35.7%	353	156	44.2%	362	146	40.3%	401	179	44.6%
Community Health Plan of WA	636	247	38.8%	533	222	41.7%	340	146	42.9%	362	158	43.6%
Coordinated Care of WA	885	358	40.5%	878	408	46.5%	737	337	45.7%	785	319	40.6%
Molina Healthcare of WA Inc	2,603	1,137	43.7%	2,760	1,227	44.5%	2,531	1,074	42.4%	2,573	1,179	45.8%
United Health Care Community Plan	412	155	37.6%	376	157	41.8%	420	179	42.6%	468	202	43.2%
Uncategorized	303	138	45.5%	371	147	39.6%	180	84	46.7%	140	68	48.6%
Medicaid Managed Care	5,083	2,122	41.7%	5,271	2,317	44.0%	4,570	1,966	43.0%	4,729	2,105	44.5%
Medicaid Fee for Service	182	89	48.9%	228	103	45.2%	128	53	41.4%	138	68	49.3%
Total	5,265	2,211	42.0%	5,499	2,420	44.0%	4,698	2,019	43.0%	4,867	2,173	44.6%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 30 days after the index prescription date, age 6-12 with a prescription for ADHD medication within the measure-specific Intake Period with no ADHD medications dispensed in the prior 4 months. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; children with an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder in the 30 days after the index ADHD prescription date; and children diagnosed with narcolepsy.

Plan listed is the managed care plan that the child was enrolled in from at least 4 months prior to the index prescription date through 30 days after the index prescription date. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 18.1b: Initiation – Follow-Up Visit Within 30 Days Care for Children Prescribed ADHD Medication – Ages 6 - 12 Years on Antipsychotics, By Race/Ethnicity 2019-2022

**Measure ADD (Initiation) -- Follow-Up Care for Children 6-12 Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
Percentage Newly Prescribed ADHD Medication Who Had A Follow-Up Visit Within 30 Days With a Practioner With Prescribing Authority
By Race/Ethnicity (Mutually Exclusive) 2019 to 2022**

	2019			2020			2021			2022		
	TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit		TOTAL ELIGIBLE CHILDREN	Had Follow-Up Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic or Latino	1,305	534	40.9%	1,305	546	41.8%	1,078	440	40.8%	1,100	474	43.1%
Not Hispanic or Ethnicity Unknown												
White	2,890	1,266	43.8%	3,060	1,406	45.9%	2,683	1,180	44.0%	2,753	1,275	46.3%
Asian	50	19	38.0%	49	25	51.0%	41	17	41.5%	55	27	49.1%
Black or African American	315	112	35.6%	368	139	37.8%	285	117	41.1%	305	122	40.0%
American Indian/Alaska Native	183	82	44.8%	206	96	46.6%	148	61	41.2%	163	71	43.6%
Hawaiian/Pacific Islander	71	26	36.6%	50	18	36.0%	45	21	46.7%	36	11	30.6%
More Than One Race	130	52	40.0%	126	45	35.7%	124	55	44.4%	120	60	50.0%
Other/Unknown	321	120	37.4%	335	145	43.3%	294	128	43.5%	335	133	39.7%
Total	5,265	2,211	42.0%	5,499	2,420	44.0%	4,698	2,019	43.0%	4,867	2,173	44.6%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 30 days after the index prescription date, age 6-12 with a prescription for ADHD medication within the measure-specific Intake Period with no ADHD medications dispensed in the prior 4 months. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; children with an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder in the 30 days after the index ADHD prescription date; and children diagnosed with narcolepsy.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 18.2a: Continuation and Maintenance – Follow-Up Visit Within 30 Days Care for Children Prescribed ADHD Medication – Ages 6 - 12 Years on Antipsychotics, By Health Care Delivery Model 2019-2022

**Measure ADD (Continuation and Maintenance) -- Follow-Up Care for Children 6-12 Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
For Children Newly Prescribed ADHD Medication Who Had a Follow-Up Visit Within 30 Days With a Practitioner With Prescribing Authority
and Who Remained on ADHD Medication for at Least 210 Days -- Percentage With at Least Two Follow-up Visits in Post Months 2-10
By Delivery System 2019 to 2022**

	2019			2020			2021			2022		
	TOTAL	Had Follow-Up		TOTAL	Had Follow-Up		TOTAL	Had Follow-Up		TOTAL	Had Follow-Up	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Medicaid Managed Care Plan												
Amerigroup Washington Inc	63	30	47.6%	110	56	50.9%	81	38	46.9%	125	71	56.8%
Community Health Plan of WA	122	61	50.0%	108	57	52.8%	76	42	55.3%	98	48	49.0%
Coordinated Care of WA	290	150	51.7%	373	199	53.4%	258	141	54.7%	315	133	42.2%
Molina Healthcare of WA Inc	628	342	54.5%	842	446	53.0%	738	395	53.5%	815	443	54.4%
United Health Care Community Plan	92	42	45.7%	102	52	51.0%	113	67	59.3%	153	84	54.9%
Uncategorized	181	83	45.9%	221	106	48.0%	83	50	60.2%	86	52	60.5%
Medicaid Managed Care	1,376	708	51.5%	1,756	916	52.2%	1,349	733	54.3%	1,592	831	52.2%
Medicaid Fee for Service	63	31	49.2%	68	34	50.0%	40	21	52.5%	49	29	59.2%
Total	1,439	739	51.4%	1,824	950	52.1%	1,389	754	54.3%	1,641	860	52.4%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 300 days after the index prescription date, age 6-12 with a prescription for ADHD medication within the measure-specific Intake Period with no ADHD medications dispensed in the prior 4 months, who remained on ADHD medication for at least 210 days, and who had a follow-up visit in the first 30 days after the index prescription with a practitioner with prescribing authority. Note that only one of the two numerator visits may be a re-visit or virtual check-in. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; children with a acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder in the 300 days after the index ADHD prescription date; and children diagnosed with narcolepsy.

Plan listed is the managed care plan that the child was enrolled in from at least 4 months prior to the index prescription date through 300 days after the index prescription date. Child may have been enrolled in more than one plan during the year. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. Primary Care Case Management (PCCM) is included in Medicaid Fee for Service. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 18.2b: Continuation and Maintenance – Follow-Up Visit Within 30 Days Care for Children Prescribed ADHD Medication – Ages 6 - 12 Years on Antipsychotics, By Race/Ethnicity 2019-2022

Measure ADD (Continuation and Maintenance) -- Follow-Up Care for Children 6-12 Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
For Children Newly Prescribed ADHD Medication Who Had a Follow-Up Visit Within 30 Days With a Practitioner With Prescribing Authority
and Who Remained on ADHD Medication for at Least 210 Days -- Percentage With at Least Two Follow-up Visits in Post Months 2-10
By Race/Ethnicity (Mutually Exclusive) 2019 to 2022

	2019			2020			2021			2022		
	TOTAL	Had Follow-Up		TOTAL	Had Follow-Up		TOTAL	Had Follow-Up		TOTAL	Had Follow-Up	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Hispanic or Latino	258	125	48.4%	297	164	55.2%	214	113	52.8%	249	131	52.6%
Not Hispanic or Ethnicity Unknown												
White	909	473	52.0%	1,187	629	53.0%	918	505	55.0%	1,088	570	52.4%
Asian	**	**	**	11	**	**	**	**	**	16	**	**
Black or African American	62	30	48.4%	92	36	39.1%	75	37	49.3%	79	44	55.7%
American Indian/Alaska Native	57	33	57.9%	65	33	50.8%	42	24	57.1%	55	29	52.7%
Hawaiian/Pacific Islander	**	**	**	18	**	**	**	**	**	12	**	**
More Than One Race	42	22	52.4%	40	22	55.0%	38	26	68.4%	36	22	61.1%
Other/Unknown	89	42	47.2%	114	55	48.2%	85	40	47.1%	106	51	48.1%
Total	1,439	739	51.4%	1,824	950	52.1%	1,389	754	54.3%	1,641	860	52.4%

Eligible children were continuously enrolled in Medicaid or CHIP with medical benefits from at least 4 months prior to the index prescription date through 300 days after the index prescription date, age 6-12 with a prescription for ADHD medication within the measure-specific Intake Period with no ADHD medications dispensed in the prior 4 months, who remained on ADHD medication for at least 210 days, and who had a follow-up visit in the first 30 days after the index prescription with a practitioner with prescribing authority. Note that only one of the two numerator visits may be a e-visit or virtual check-in. **Excludes** children who are eligible for both Medicaid and Medicare; children who have full third party liability; children who died during the measurement period; children who use hospice services or benefits during the measurement year; children with an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder in the 300 days after the index ADHD prescription date; and children diagnosed with narcolepsy.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers. ** = suppressed due to small numbers or for secondary suppression.

Appendix C: Maternity Practices in Infant Nutrition and Care (mPINC)



2022 Washington Results Report

State Total Score*

86

What is mPINC™?

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

National Total Score*

81

What does mPINC measure?

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

Who is included in mPINC surveys?

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2022, 36 of 58 eligible hospitals in Washington participated (62%).

Implementing best practices and policies in maternity care help to improve breastfeeding outcomes. Use your state's mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Immediate Postpartum Care	National Subscore	84	Washington Subscore	91	Washington Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)					81%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)					64%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)					97%
Newborns are monitored continuously for the first 2 hours after birth					83%
Rooming-In	National Subscore	76	Washington Subscore	86	Washington Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day					100%
Routine newborn exams, procedures, and care occur in the mother's room					67%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads					72%
Feeding Practices	National Subscore	81	Washington Subscore	91	Washington Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula					50%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia					100%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences					78%

Feeding Education & Support	National Subscore	94	Washington Subscore	95	Washington Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula					89%
Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers					81%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk					81%
Discharge Support	National Subscore	78	Washington Subscore	84	Washington Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge					78%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider					92%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers					83%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products					83%
Institutional Management	National Subscore	76	Washington Subscore	69	Washington Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices					67%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management					50%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization					83%
Hospital pays a fair market price for infant formula					61%
Hospital has 100% of written policy elements [§]					14%

*Scores range from 0 to 100, with 100 being the best possible score. The "Total Score" is an average of the subscores for the 6 subdomains.

[§]See the scoring algorithm for specific items at www.cdc.gov/breastfeeding/data/mpinc/scoring.htm

NOTE: The mPINC survey was redesigned in 2018. Results from the 2022 mPINC survey cannot be compared with results from 2007-2015 mPINC surveys.

About the Maternity Practices in Infant Nutrition and Care (mPINC)[™] trademark: The mPINC trademark (word and logo) are owned by the U.S. Department of Health and Human Services in the United States. An organization's participation in CDC's mPINC survey does not imply endorsement by the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Questions about the mPINC survey?

Visit www.cdc.gov/breastfeeding/data/mpinc to learn more.

Suggested Citation: Centers for Disease Control and Prevention. Washington 2022 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. 2023

CS 337365-A 04/20/2023



What is mPINC?

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

What does mPINC measure?

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

Who is included in mPINC surveys?

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2020, 47 of 59 eligible hospitals in Washington participated (80%).

State Total Score*

85

National Total Score*

81

Implementing best practices and policies in maternity care help to improve breastfeeding outcomes. Use your state's mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Immediate Postpartum Care	National Subscore	83	Washington Subscore	89	Washington Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)					72%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)					51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)					98%
Newborns are monitored continuously for the first 2 hours after birth					83%
Rooming-In	National Subscore	76	Washington Subscore	89	Washington Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day					98%
Routine newborn exams, procedures, and care occur in the mother's room					66%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads					79%
Feeding Practices	National Subscore	82	Washington Subscore	88	Washington Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula					53%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia					96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences					68%

Feeding Education & Support	National Subscore	93	Washington Subscore	94	Washington Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula					74%
Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers					81%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk					64%
Discharge Support	National Subscore	79	Washington Subscore	82	Washington Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge					66%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider					91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers					96%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products					74%
Institutional Management	National Subscore	71	Washington Subscore	70	Washington Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices					64%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management					38%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization					91%
Hospital pays a fair market price for infant formula					70%
Hospital has 100% of written policy elements [§]					24%

*Scores range from 0 to 100, with 100 being the best possible score. The "Total Score" is an average of the subscores for the 6 subdomains.

[§]See the scoring algorithm for specific items at www.cdc.gov/breastfeeding/data/mpinc/scoring.htm

NOTE: The mPINC survey was redesigned in 2018. Results from the 2020 mPINC survey cannot be compared with results from 2007-2015 mPINC surveys.



U.S. Department of
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Questions about the mPINC survey?

Visit www.cdc.gov/breastfeeding/data/mpinc to learn more.

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