Child Health Services: Provider Performance

Engrossed Substitute House Bill 2128; Section 4(3); Chapter 463; Laws of 2009
Substitute Senate Bill 5835; Section 2(3); Chapter 294; Laws of 2017

September 30, 2020
Child Health Services: Provider Performance

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Executive summary

This report is the fifth in a series of Health Care Authority (HCA) biennial reports, beginning in September 2010. It presents child health performance measures and information about newborn care practices for children enrolled in Apple Health (Medicaid in Washington State). This report presents data for services provided during 2014-2018.

Two laws\(^1\) direct the HCA to provide a report on provider performance for a set of explicit health care quality measures 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 1 states that the performance indicators 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 1 lists two 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.

For this report, we chose 23 measures\(^2\), based on the indicators and goals listed in the statutes, with consideration of data availability and feasibility of reporting. We included perinatal measures as part of this Child Health Services report because they have a powerful influence on child health.

We chose measures related to service delivery because preventive care and access to appropriate care—at the appropriate time—impact outcomes. The measures chosen came from several sources, and most are National Quality Forum (NQF)-endorsed and part of:

- Centers for Medicare and Medicaid Services (CMS) Child Core Set of Health Care Quality Measures

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\(^1\) 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 74.09.475, Section 1.

\(^2\) We chose 14 measures, of which four have sub-measures, bringing the total to 22 in the Child Core Set. With one additional measure from the Joint Commission, this report includes 23 measures.

Child Health Services: Provider Performance
September 30, 2020
The Joint Commission performance measures

Washington State continues to rank well when compared nationally. Of the 18 measures on the Children’s Health Care Quality Measures for Medicaid and Children’s Health Insurance Program (CHIP), also known as the Child Core Set, reported by at least 25 states in 2017, our state performed above the national median rates for nine measures. In the measures for which we were below the national median in comparison to other reporting states, the gap between our state and the national median were relatively small. We found an improving trend in our state’s performance over the years 2014-2018 for 18 out of 22 measures.

We continue to note disparities amongst racial and ethnic communities in several measures. For pregnancy and delivery measures, the rates tended to be better for non-Hispanic White women compared to that of American Indians/Alaska Natives and Hawaiian/Pacific Islanders. For child health services measures, the rates tended to be better for non-Hispanic White and Asian compared to that of American Indian/Alaska Natives. There is also variation in performance across Medicaid payer types (five managed care organizations (MCOs), fee-for-service (FFS) and Indian Health Care Providers (IHCPs)).

While we identified a few measures where our state has room to improve, the small difference between Washington’s rates and the national medians suggest that improving our rates and rankings is feasible. Work continues on quality improvement to sustain and improve child health performance rates moving forward.

We are committed to continued 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 driving outcomes in all the domains we care about for Washingtonians: physical and mental health, learning and behavior.

**Key findings and discussion**

We present the Summary Table and Key Findings as a snapshot of providers’ performance for the following:

- Getting clients in for regular preventive visits and screenings that are associated with the health of newborns and children enrolled in Medicaid.
- Improving health metrics such as low birth weight, breastfeeding, Cesarean sections, and emergency room visits.

Of the 18 Child Core Set measures with national comparison data in 2017, Washington State ranked above the national median on nine measures and below the national median on nine measures.

Three measures for which we ranked at the top quartile were:

- Low Birthweight
- Contraceptive Care (long-acting reversible contraception (LARC) utilization) among Postpartum Women, ages 15-20
- Ambulatory Care - Emergency Department Visits (AMB) Ages 0-19 Years

Two measures for which we ranked at the bottom quartile were:

- Adolescent Well-Care Visits
- Child and Adolescent Access to Primary Care (ages 15-24 months and ages 12-19 years), although the gaps in rates between our state and the national median were small.

Among measures that were reported for multiple years, we found improving trends in our state’s performance for 18 out of 22 measures during 2014-2018. For most measures in 2018, there were differences in performance across MCOs, FFS, and IHCPs.

There were also differences between race/ethnicity groups. The groups most affected by racial disparities were different for pregnancy and delivery measures versus those related to infant and child health service use. For pregnancy and delivery measures, the rates tended to be comparatively better for non-Hispanic White women compared to African American, American Indian/Alaska Native and Hawaiian/Pacific Islander individuals. For child health services measures, the rates tended to be comparatively better for non-Hispanic White and Asian children compared to American Indian/Alaska Native children.

Comparing Washington State performance to 2017 national rankings

These rankings should be interpreted with caution, as there are several measures for which the differences between our data and the national median were relatively small. For example, for the measures of Timeliness of Prenatal Care and Access to Primary Care Providers (for ages 12-24 months and 7-11 years), the differences in rates between our state and national median were less than two percentage points.

For the following three measures of the Child Core Set, our state ranked in the top quartile (above the 75th percentile) of all reporting states in 2017:

- Low Birthweight rates remained the same at 7.2 percent in 2017 and 2018. This was better than the national median rate of 8.3 percent in 2017, and exceeded the Healthy People 2020 target rate of 7.8 percent.
- Contraceptive Care among Postpartum Women Ages 15-20 Years (LARC utilization) rates were 21.3 percent and 19.7 percent in 2017 and in 2018. These rates were better than the national average of 16.3 percent in 2017.
- Ambulatory Care – Emergency Department Visit rates for Medicaid children up to age 19 were 36.7 per 1,000 beneficiary months in 2017, and 36.0 per 1,000 beneficiary months in 2018. This was better than the national median rate of 44.5 per 1,000 beneficiary months in 2017.

On newborn care practices, our state ranked in higher percentiles for two measures from different data sources, which included non-Medicaid clients and used different rankings. The measurements presented here are not at the individual level as it is not available at that degree of specificity. Particularly, there are no nationally standardized metrics or on-going data collection to determine adherence to post-birth care practices of rooming-in and skin-to skin placement of newborns and
parent. We decided on two proxies for this year’s report; hospitals and birthing centers having standard policies in place for rooming-in and skin-to-skin practices and the results of the 2018 CDC mPINC survey.

- The exclusive breast milk feeding rate for babies discharged from the Joint Commission accredited hospitals was 71.7 percent between October 2018 and September 2019. This was considerably higher than the national average of 51.3 percent for the same timeframe, and slightly less than the top 10 percent of states at 73.3 percent.
- Maternity and newborn care practices scored 85 out of 100, compared to a national average score of 79 in the 2018 CDC mPINC survey (74 percent of 61 eligible hospitals in Washington participated in the survey). This survey showed that, in Washington, 76 percent of newborns remained in uninterrupted skin-to-skin contact for at least one hour or until breastfed (for a vaginal delivery). Additionally, 51 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 hospitals.

For the following five measures of the Child Core Set, our state ranked in the third quartile (above the 50th percentile, but below the 75th percentile) of all reporting states in 2017:

- Three measures in Contraceptive Care of All Women Ages 15-20 Years (CCW and CCW-LARC) and Postpartum Women of same age (CCP), the utilization rates in our state were 30.8 percent for CCW, 6.1 percent for CCW-LARC and 44.6 percent for CCP, better than the national median rates of 28.1 percent for CCW, 5.4 percent for CCW-LARC, and 40.8 percent for CCP in 2017.
- Well-Child Visit within the First 15 Months of Life were 66.1 percent in 2017 and 69.1 percent in 2018, higher than the national median of 63.2 percent in 2017.
- Human Papillomavirus Vaccine rates were 37.8 percent in 2017 and 38.4 percent in 2018, better than the national median of 32.3 percent in 2017.

We also found areas where we may want to focus efforts as our state ranked below the 50th percentile of all reporting states in 2017, noting that some of these measures reflect improvement and the lower ranks were associated with relatively narrow ranges in measurement rates.

- Adolescent Well-Care Visits were 38.8 percent in 2017 and 40.2 percent in 2018, compared to a national median of 48.9 percent in 2017.
- Access to Primary Care Providers, two out of four measures by age group were at the bottom of national rankings in 2017: the rates for children 25 months to 6 years was 83.7 percent and ages 12-19 years was 88.2 percent, compared to a national median of 91.1 percent and 90.6 percent, respectively. The differences in rates between other age groups (12-24 months and 7-11 years) and the national medians were less than 2 percent.
- Chlamydia Screening in Women Ages 16-20 rates were 48.5 percent in 2017 and 50.2 percent in 2018. Even though a 6 percent increase from 2014 to 2018 in our state, the rate in 2017 was slightly lower than the national median rate of 50.1 percent.
• Well-Child Visits for children 3 to 6 years old were 64.5 percent in 2017 and 66.0 percent in 2018, compared to a national median of 69.3 percent in 2017.
• Timeliness of Prenatal Care were 79.9 percent in 2017 and 80.6 percent in 2018, the rate in 2017 was lower than the national median of 80.6 percent.
• Childhood Immunizations (Combination 3) rates were 65.2 percent in 2017 and 66.3 percent in 2018, lower than the national median of 68.5 percent in 2017.
• Immunizations for Adolescents who Turned 13 (Combination 1) rates were 74.9 percent in 2017 and 2018, lower than the national median of 77.3 percent in 2017.

Washington State’s trends from 2014 to 2018
We found the state’s performance in 18 out of 22 measures on the Child Core Set improved from 2014 to 2018.

Three measurement rates improved the most during 2014-2018.

• Well-Child Visits in the First 15 Months of Life increased 20.2 percent.
• Contraceptive Care among All Women Ages 15-20 LARC utilization rate increased 18.0 percent.
• Human Papillomavirus Vaccine rates increased 17.3 percent.

Four measurement rates improved between 5 percent and 10 percent during 2014-2018.

• Immunization for adolescents who turned 13 (Combination 1) increased by 5.3 percent.
• Adolescent Well-Care Visits increased by 6.5 percent.
• Chlamydia Screening in Women Ages 16-20 increased by 6.1 percent.
• Ambulatory Care – Emergency Room Visits for children younger than age 19 decreased by 8.9 percent. The decreased rates were observed among each age group, with 6.0 percent, 9.2 percent and 6.6 percent decreasing among ages 0-1 year, ages 1-9 years and ages 10-19 years, respectively.

Three measurements trended in an undesired direction, from 2014-2018, noting that the differences in measurement rates were relatively small.

• Low Birth Weight rate increased by 1.4 percent.
• Contraceptive Care among All Women Ages 15-20 rate decreased by 3.2 percent.
• Child and Adolescent Access to Primary Care Practitioners Ages 25 months-6 years rate decreased by 0.2 percent.

Comparison of performance by Medicaid payer type for 2018
There were three Medicaid payer types in which clients were enrolled: MCOs, IHCPs, and FFS. The payer data presented in this report is based on the Apple Health client enrollment and eligibility criteria. The number of eligible clients who received services were specific to each measure and varied by different payers. Molina Healthcare of Washington, an MCO, continues to be the largest payer for more than 40 percent of all Medicaid clients.
The rates of the following measures varied by Medicaid payer type:

- While sample sizes are relatively small, services through IHCPs showed different comparative rates in number of measures compared to that of FFS and MCOs.
  - Higher comparative rates (desirable) on Immunization for Adolescents.
  - Higher comparative rates (desirable) on Human Papillomavirus Vaccine.
  - Lower comparative rates (undesirable) on Timely Prenatal Care.
  - Higher comparative rates (undesirable) on Ambulatory Care – Emergency Department Visits.

- Rates on Well-Child Visits in the First 15 Months of Life, Well-Child Visits for Ages 3-6 years, and Adolescent Well-Care Visits were lower in FFS compared to that of MCOs.

- Rates on Contraceptive Care among all women ages 15-20 were higher in FFS, while the rates of the same measure among postpartum women were lower in FFS than that of MCOs.

Comparison of performance by race/ethnicity for 2018

We found the following patterns of racial disparities:

- Hawaiian/Pacific Islanders and American Indians/Alaska Natives had lower comparative rates (undesirable direction) than other race/ethnicity groups in the following measures:
  - Well-Child Visits in the First 15 Months of Life and Well-Child Visits for Ages 3-6 years
  - Adolescent Well-Care Visits
  - Child and Adolescent Access to Primary Care Practitioners

- Hawaiian/Pacific Islanders also had higher comparative rates (undesirable direction) than other race/ethnicity groups, except for African Americans, in the following measures:
  - NTSV Cesarean delivery
  - Ambulatory Care – Emergency Department Visits

- African Americans had higher comparative rates (undesirable direction) than other race/ethnicity groups in the following measures:
  - Low Birthweight
  - NTSV Cesarean delivery

- Non-Hispanic Whites had lower comparative rates in Immunizations for Adolescents Who Turned 13 and Human Papillomavirus Vaccine, while Asians had lower comparative rates in Contraceptive Care for Women ages 15-20.

Newborn care practices

We presented the same two proxy indicators that we put forward to set a baseline for assessing performance on newborn care in the 2018 report. RCW 74.09.475 requires two newborn practices for all health care facilities that provide newborn delivery services. 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 gestational parent for their post-delivery stay.

Washington State already performs very well compared to other states in this area, and had universal policies on skin-to-skin and rooming-in for newborns prior to the 2017 legislation. Below is current
information on the status of these policies and procedures in Washington, and the complexity of measuring them directly.

Earlier this year, we asked non-military birthing hospitals about current policies and procedures for the newborn practices of skin-to-skin and rooming-in. We also asked about when these practices would not be followed. Forty-three percent of the birthing hospitals that contract with HCA responded. Of those responding, all have policies in place. All birthing hospitals stated these policies are routinely followed and represent standard care, with exceptions primarily being when the infant requires a higher level of care (e.g., neonatal intensive care unit (NICU)) and some disruption currently with COVID-19 protocols. These protocols vary by geographic area, hospital, and continue to fluctuate with disease emergence across the state.

We assumed that all the licensed freestanding childbirth centers in Washington adhere to these practices because the policies are consistent with the birth center model of care. Only low-risk births occur in these facilities, and postpartum stays are typically under four hours. Therefore, and in line with the 2018 report, we did not directly query childbirth centers for this year’s report.

Department of Health (DOH) provides technical assistance to birthing facilities and clinics to become designated as Breastfeeding Friendly Washington (BFWA). Thirty-six hospitals and eight freestanding childbirth centers have completed this process, and four are on the path to becoming a BFWA facility. The BFWA program takes into account a hospital’s size and staffing, number of Medicaid patients they support, community barriers or risk factors, and other attributes that make each hospital unique in their role for breastfeeding support.

The barriers to becoming a BFWA facility are:

- Cultural norms amongst staff.
- Staff training in terms of cost and resources.
- Comfort in the operating room (OR).
- Recovery areas in hospitals that do not have dedicated obstetrical staff for those areas, costs to expand electronic medical records to record these practices, costs to have staff extract data, and adequate reimbursement for lactation consultants/specialists.

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3 Breastfeeding Friendly Washington is a voluntary recognition program developed and managed by the Washington State Department of Health which designates hospitals, birth centers, and clinics as breastfeeding friendly based on World Health Organization’s (WHO) Ten Steps to Successful Breastfeeding. For more information, see: https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/BreastfeedingFriendlyWashington and http://www.who.int/nutrition/bfhi/ten-steps/en/.
Nine of the BFWA facilities are also designated as Baby-Friendly USA\(^4\). Baby-Friendly USA charges fees to receive the designation, and is therefore not accessible to many facilities. Facilities recognized through BFWA can build upon their efforts toward a Baby-Friendly USA designation.

Currently, it is challenging to adequately measure adherence to newborn care practices due to the following:

- There are no nationally vetted performance measures.
- Facility policies are not captured in administrative claims data collected by HCA.
- Not all facilities have the ability to capture this information in their electronic health record (EHR).
- Facilities do not have the staff resources to extract medical records to obtain this data.

Further, these two newborn care practices are overwhelmingly standards of care. HCA is, therefore, looking internally at requesting revision on legislation RCW 74.09.475.

In the meantime, 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 both now 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. For more information, visit the BFWW website.

**Conclusion**

While we identified measures where our state can target improvement efforts, the strategies for improvement vary by specific measures. The small differences between our state’s rates and the national medians suggest that 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 increasing trends for some measures from 2014 to 2018 are promising.

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\(^4\) The Baby-Friendly Hospital Initiative is an international designation program developed by the World Health Organization and the United Nations Children’s Fund and implemented by Baby-Friendly® USA. Find more information at [https://www.babyfriendlyusa.org](https://www.babyfriendlyusa.org).
We observed large differences for children across racial and ethnic groups in many measures. The patterns of racial/ethnic disparities varied for measures related to prenatal care, delivery, and infant and child health service use. We continued to perform well in perinatal care and immunizations for adolescents compared to other states. We found that the newborn practices identified in RCW 79.09.475 and reported on for the first time in the 2018 report are routine standard of practice across birthing hospitals in Washington.

Work continues on quality improvement to sustain and improve rates moving forward. We continue to partner with DOH and other organizations (i.e. Washington State Hospital Association, the Midwives Association of Washington State, March of Dimes, and other professional associations) on these quality improvement efforts. Current collaborative initiatives focus on increasing access to contraceptive care across the state and on bolstering childhood immunization rates. We at the HCA have partnered with Upstream in their multi-year commitment in the State of Washington to ensure all patients have access to the full range of birth control methods in a single visit by providing training and technical assistance to providers and care delivery sites. Additionally we are pursuing changes to our Family Planning coverage applications and process improvement, as well as collaborating on practice changes and the best evidenced-based care that should be included in our covered services. In terms of childhood immunizations we are actively partnering with DOH, the Washington State Chapter of the American Academy of Pediatrics, MCOs and others to address and overcome the decrease we have seen in vaccination rates related to the public health emergency of coronavirus pandemic (COVID-19). The HCA is leveraging our diverse communication networks in terms of public education and promotion of routine childhood immunizations, while also working directly with our providers and provider groups on incentives and strategies for increasing uptake.
### Appendix A: Summary of Performance, 2014-2018

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<tbody>
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<td><strong>Timeliness of Prenatal Care (PPC)</strong></td>
<td>77.2</td>
<td>78.7</td>
<td>79.8</td>
<td>79.9</td>
<td>80.6</td>
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<td><strong>Low Birth Weight (LBW)</strong></td>
<td>7.1</td>
<td>7.2</td>
<td>7.1</td>
<td>7.3</td>
<td>7.2</td>
<td>1.4%</td>
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<td><strong>Cesarean Delivery Rate (NTSV) (PC02)</strong></td>
<td>21.2</td>
<td>21.3</td>
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<td><strong>Exclusive Breast Milk Feeding (PC05)</strong></td>
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<td><strong>Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)</strong></td>
<td>5.0</td>
<td>5.1</td>
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<td><strong>Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)</strong></td>
<td>41.0</td>
<td>38.4</td>
<td>42.7</td>
<td>44.6</td>
<td>42.4</td>
<td>3.4%</td>
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<td>18.8</td>
<td>18.4</td>
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<td>21.3</td>
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<td><strong>Childhood Immunizations by Age Two (CIS): Combination 3</strong></td>
<td>64.2</td>
<td>63.2</td>
<td>64.0</td>
<td>65.2</td>
<td>66.3</td>
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<td><strong>Immunizations for Adolescents Who Turned 13 (IMA): Combination 1</strong></td>
<td>71.1</td>
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<td>74.9</td>
<td>74.9</td>
<td>5.3%</td>
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<td><strong>Human Papillomavirus Vaccine (HPV)</strong></td>
<td>32.8</td>
<td>33.5</td>
<td>34.6</td>
<td>37.4</td>
<td>38.4</td>
<td>17.3%</td>
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<td><strong>Well-Child Visits in the First 15 Months (W15)</strong></td>
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<td>55.4</td>
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<td><strong>Well-Child Visits: Ages 3–6 Years (W34)</strong></td>
<td>64.2</td>
<td>63.0</td>
<td>70.0</td>
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<td><strong>Adolescent Well-Care Visits (AWC)</strong></td>
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<td>41.7</td>
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<td><strong>Chlamydia Screening in Women Ages 16–20 Years (CHL)</strong></td>
<td>47.3</td>
<td>48.8</td>
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<td>48.5</td>
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<td>6.1%</td>
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<td>2016</td>
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<td>% Change 2014–2018</td>
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</tr>
<tr>
<td>13.1</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months</td>
<td>96.0</td>
<td>95.5</td>
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<td>95.1</td>
<td>96.7</td>
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<td>13.2</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years</td>
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<td>85.8</td>
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<td>13.3</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7–11 Years</td>
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<td>88.7</td>
<td>88.7</td>
<td>90.4</td>
<td>0.3%</td>
</tr>
<tr>
<td>13.4</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years</td>
<td>89.2</td>
<td>88.8</td>
<td>88.2</td>
<td>88.2</td>
<td>90.6</td>
<td>1.6%</td>
</tr>
<tr>
<td>14.0</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years</td>
<td>39.5</td>
<td>40.2</td>
<td>38.7</td>
<td>36.7</td>
<td>36.0</td>
<td>-8.9%</td>
</tr>
<tr>
<td>14.1</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year</td>
<td>75.2</td>
<td>76.8</td>
<td>74.2</td>
<td>72.2</td>
<td>70.7</td>
<td>-6.0%</td>
</tr>
<tr>
<td>14.2</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years</td>
<td>40.1</td>
<td>40.8</td>
<td>38.9</td>
<td>37.0</td>
<td>36.4</td>
<td>-9.2%</td>
</tr>
<tr>
<td>14.3</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years</td>
<td>33.1</td>
<td>34.0</td>
<td>33.3</td>
<td>31.4</td>
<td>30.9</td>
<td>-6.6%</td>
</tr>
</tbody>
</table>

**SOURCE:** prepared in collaboration with Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA).

**NOTES:**
- Years are calendar years. Limited to measures calculated administratively by RDA.
- Rates shown are percentages except for AMB, which are Emergency Department visits per thousand beneficiary months. Lower rates were desirable for LBW, PC02, and AMB, while higher rates were desirable for all other measures.
- **NTSV=Nulliparous Term Singleton Vertex Cesarean birth.**
- **CIS Combination 3 =** at least 4 diphtheria, tetanus, and acellular pertussis + 3 polio + 1 measles, mumps, and rubella + 3 H influenza type B + 3 Hepatitis B + 1 chicken pox + 4 pneumococcal

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conjugate. IMA Combination 1 = at least one meningococcal vaccine on or between their 11th and 13th birthday and at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between their 10th and 13th birthdays. HPV vaccine for adolescents = at least 3-dose vaccine or 2-dose series separated by a minimum of 146 days by 13th birthday.

- *National Percentile ranking per CMS for measures with at least 25 states reporting. 2017 is the most recent measurement year available. Quartiles: Top quartile = above 75th percentile, Q3 = above 50th but below 75th percentile, Q2 = above 25th but below 50th percentile, Bottom quartile = below 25th percentile. Top quartile includes the best rates, regardless of whether lower or higher rates are most desirable. See https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-chart-pack.pdf


**KEY:**

| N/A | Indicates that data were unavailable or there were fewer than 25 states reporting. |
| Green | Indicates a favorable change between 2014 and 2018. |
| Red | Indicates an unfavorable change between 2014 and 2018. |
Appendix B: background and technical notes

HCA chose measures used by CMS, the Joint Commission, MCOs, ACHs, and HCA for tracking outcomes and performance of the state. The measures and their definitions are listed below. Data to calculate the measures came from Medicaid claims, encounters, and eligibility records from the Medicaid Management Information System (ProviderOne) vital records, and immunization history.

The majority of Medicaid beneficiaries in Washington (81 percent) are enrolled in managed care. In 2018, five MCOs—Amerigroup Washington Inc., Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, and United Healthcare Community Plan—served Medicaid clients. In addition, IHCPs, also known as primary care case management (PCCM), provided services funded through capitation payments. Columbia United Providers, a MCO, resumed contracting with HCA on January 1, 2015, and ceased contracting with HCA on December 31, 2015.

<table>
<thead>
<tr>
<th>TABLE</th>
<th>MEASURE</th>
<th>DEFINITION</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Timeliness of Prenatal Care (PPC)</td>
<td>The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery. NOTE: This is an Accountable Communities of Health measure. This is also on the current managed care contract HEDIS performance measure list</td>
<td>Birth certificates linked to Medicaid claims and eligibility data</td>
</tr>
<tr>
<td>2</td>
<td>Low Birth Weight (LBW)</td>
<td>Percentage of live births that weighed less than 2,500 grams (5.5 pounds). NOTE: This is a Results Washington measure.</td>
<td>Birth Certificates (linked to Medicaid claims and eligibility data)</td>
</tr>
</tbody>
</table>

5 Vital records include birth certificates from Health Center for Health Statistics of DOH, individually linked to Medicaid clients in the First Steps Database, RDA.

6 Immunization history includes records from Department of Health’s Washington Immunization Information System, formerly known as Child Profile, individually linked to Medicaid clients.


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<table>
<thead>
<tr>
<th>TABLE</th>
<th>MEASURE</th>
<th>DEFINITION</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Cesarean Delivery Rate (NTSV) (PC02)</td>
<td>Percentage of women that had a Cesarean delivery among women with first live singleton births in a vertex position at 37 weeks gestation or later, also known as <strong>Nulliparous, Term, Singleton, Vertex (NTSV).</strong> <strong>NOTE:</strong> This is a Results Washington measure.</td>
<td>Birth Certificates (linked to Medicaid claims and eligibility)</td>
</tr>
<tr>
<td>4</td>
<td>Exclusive Breast Milk Feeding (PC05)</td>
<td>Exclusive breast milk feeding during the newborn's entire hospitalization (Newborn identified as single term newborns &gt;=37 weeks gestation at delivery discharged alive from the hospital, NICU admissions excluded)</td>
<td>Administrative data combined with chart reviewed data</td>
</tr>
<tr>
<td>5.1</td>
<td>Contraceptive Care — All Women: Ages 15-20 Years (CCW)</td>
<td>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 (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectables, oral pills, patch, ring, or diaphragm). <strong>NOTE:</strong> This is an Accountable Communities of Health measure.</td>
<td>Medicaid claims and eligibility data</td>
</tr>
<tr>
<td>5.2</td>
<td>Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)</td>
<td>The percent of women ages 15–20 at risk of unintended pregnancy who were provided a long-acting reversible contraception (LARC). <strong>NOTE:</strong> This is an Accountable Communities of Health measure.</td>
<td>Medicaid claims and eligibility data</td>
</tr>
<tr>
<td>6.1</td>
<td>Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)</td>
<td>The percent of women ages 15–20 who were provided a most effective or moderately effective method of contraception within 60 days of delivery (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectable, oral pills, patch, ring, or diaphragm). <strong>NOTE:</strong> This is an Accountable Communities of Health measure.</td>
<td>Medicaid claims and eligibility data</td>
</tr>
<tr>
<td>6.2</td>
<td>Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)</td>
<td>The percent of women ages 15–20 who were provided a LARC. <strong>NOTE:</strong> This is an Accountable Communities of Health measure.</td>
<td>Medicaid claims and eligibility data</td>
</tr>
<tr>
<td>TABLE</td>
<td>MEASURE</td>
<td>DEFINITION</td>
<td>DATA SOURCE</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Preventive Care</td>
<td><strong>7</strong>.</td>
<td>Childhood Immunizations Status (CIS)</td>
<td>Percentage of children that 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 nine combination rates. <strong>NOTE:</strong> This is a Results Washington measure and a Managed Care Contract measure. Medicaid claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)</td>
</tr>
<tr>
<td>Preventive Care</td>
<td><strong>8</strong>.</td>
<td>Immunizations for Adolescents (IMA) - Combination 1</td>
<td>Percentage of adolescents that turned 13 years old during the measurement year and had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. This measure calculates a rate for each vaccine and a combination rates. Medicaid claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)</td>
</tr>
<tr>
<td>Preventive Care</td>
<td><strong>8.1</strong>.</td>
<td>Human Papillomavirus Vaccine (HPV)</td>
<td>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. <strong>NOTE:</strong> HPV included both male and female adolescents, and 2-dose or 3-dose series. Starting for reporting of 2017 data to CMS, HPV is no longer a standalone measure and is added to Immunizations for Adolescents. National comparison was available separately for HPV and IMA combination 1, which does not include HPV. Administrative data linked to immunization registry data (Washington State Immunization Information System)</td>
</tr>
<tr>
<td></td>
<td><strong>9</strong>.</td>
<td>Well-Child Visits in the First 15 Months of Life (W15)</td>
<td>Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits during their first 15 months of life. <strong>NOTE:</strong> This is a Managed Care Contract measure and an Accountable Communities of Health measure. Medicaid claims and eligibility data with vital statistics linkage</td>
</tr>
<tr>
<td></td>
<td><strong>10</strong>.</td>
<td>Well-Child Visits: Ages 3–6 Years (W34)</td>
<td>Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year. <strong>NOTE:</strong> This is a Managed Care Contract measure and an Accountable Communities of Health measure. Medicaid claims and eligibility data with vital statistics linkage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE</th>
<th>MEASURE</th>
<th>DEFINITION</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>10</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>11</td>
<td>Adolescent Well-Care Visits (AWC)</td>
<td>Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrics-gynecology (OB-GYN) practitioner during the measurement year.</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Chlamydia Screening in Women Ages 16–20 Years (CHL)</td>
<td>The percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. NOTE: This is an Accountable Communities of Health measure.</td>
</tr>
<tr>
<td>Access to Care</td>
<td>13.1</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months</td>
<td>Percentage of children and adolescents ages 12 months to 24 months that had a visit with a PCP.</td>
</tr>
<tr>
<td></td>
<td>13.2</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years</td>
<td>Percentage of children and adolescents ages 25 months to 6 years that had a visit with a PCP.</td>
</tr>
<tr>
<td></td>
<td>13.3</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7-11 Years</td>
<td>Percentage of children and adolescents ages 7 years to 11 years that had a visit with a PCP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE</th>
<th>MEASURE</th>
<th>DEFINITION</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>13.4</td>
<td>Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years</td>
<td>Percentage of children and adolescents ages 12 years to 19 years that had a visit with a PCP.</td>
</tr>
<tr>
<td>Acute Care</td>
<td>14.0</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years</td>
<td>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.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>TABLE</th>
<th>MEASURE</th>
<th>DEFINITION¹¹</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.1</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year</td>
<td>Rate of ED visits per 1,000 beneficiary months among children ages 0 years to 1 year.</td>
<td>Medicaid claims and eligibility data with vital statistics linkage Administrative</td>
</tr>
<tr>
<td>14.2</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years</td>
<td>Rate of ED visits per 1,000 beneficiary months among children ages 1 year to 9 years.</td>
<td>Medicaid claims and eligibility data with vital statistics linkage Administrative</td>
</tr>
<tr>
<td>14.3</td>
<td>Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years</td>
<td>Rate of ED visits per 1,000 beneficiary months among children ages 10 years to 19 years.</td>
<td>Medicaid claims and eligibility data with vital statistics linkage Administrative</td>
</tr>
</tbody>
</table>
CMS Child Core Set of Health Care Quality Measures

The Child Core Set of Health Care Quality Measures (Child Core Set) is an evolving set of quality measures for children that states voluntarily report, or that the U.S. Department of Health and Human Services extracts from public data sources. The Child Core Set has five domains: primary care access and preventive care; maternal and perinatal care; behavioral health care; care of acute and chronic conditions; and dental and oral health services.

CMS separates several measures in the Child Core Set into sub-measures, which are based on age or other factors. For example, child and adolescent access to primary care providers is a primary measure, but it is reported for multiple age groups, which are counted as four sub-measures. CMS updates the Child Core Set over time by retiring measures and adding new measures 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 Medicaid and CHIP (CMS Annual Report).12 That annual report includes:

- Data voluntarily submitted by states and data that the CMS extracts from public data sources;13,14
- Comparisons between states’ performance, ranking at least 25 states that each report on the same measure.

The most recent CMS Annual Report is for services provided in 2017, and includes performance data and rankings on 26 measures and sub-measures. For measures with at least 25 states reporting, the CMS Annual Report calculates the reporting states’ median performance measure rates and ranks states by percentile and quartile.15

CMS Child Core Set measure data limitations

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

- There are no national benchmarks for the Child Core Set measures.

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14 In calendar year 2017 data, Washington State reported 14 measures (22 including sub-measures) calculated by RDA, Body Mass Index (BMI) from HEDIS, CMS extracted Percentage of Eligible who Received Preventive Dental Services (PDENT), and Pediatric central Line-Associated Bloodstream Infections (CLABSI).
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 26 measures and sub-measures that are included in this brief.

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Each measure’s national median is based on data that states voluntarily report each year.

Some states do not report on some measures, and not every state reports on the same measures each year.

State rankings on a measure may not be comparable between years.

A lower ranking on a measure 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.

Data in the 2017 CMS Annual Report is one year older than the most recent state data on the CMS Child Core Set, making national comparison data not yet available for care delivered in calendar year 2018.

Measures chosen from the Child Core Set

In this report, we presented data from calendar years 2014-2018 for the same 14 measures (total of 22, including sub-measures) that Washington State reported in the 2017 CMS Annual Report. This also included one measure (PC05) from the Joint Commission public data.

**Table 1: List of measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Timeliness of Prenatal Care (PCP)</td>
<td></td>
</tr>
<tr>
<td>2. Low Birth Weight (LBW)</td>
<td></td>
</tr>
<tr>
<td>3. Cesarean Delivery Rate (NTSV) (PC02)</td>
<td></td>
</tr>
<tr>
<td>4. Exclusive Breast Milk Feeding (PC05)</td>
<td></td>
</tr>
<tr>
<td>5.1a Contraceptive Care — All Women: Ages 15-20 Years (CCW)</td>
<td></td>
</tr>
<tr>
<td>5.1b Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)</td>
<td></td>
</tr>
<tr>
<td>6.1a Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)</td>
<td></td>
</tr>
<tr>
<td>6.1b Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)</td>
<td></td>
</tr>
<tr>
<td>7. Childhood Immunizations by Age Two (CIS) (combination 3)</td>
<td></td>
</tr>
<tr>
<td>8.1 Immunizations for Adolescents Who Turned 13 (IMA) (combination 1)</td>
<td></td>
</tr>
<tr>
<td>8.2 Human Papillomavirus Vaccine (HPV)</td>
<td></td>
</tr>
<tr>
<td>9. Well-Child Visits in the First 15 Months of Life (W15)</td>
<td></td>
</tr>
<tr>
<td>10. Well-Child Visits: Ages 3–6 Years (W34)</td>
<td></td>
</tr>
<tr>
<td>11. Adolescent Well-Care Visits (AWC)</td>
<td></td>
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<tr>
<td>12. Chlamydia Screening in Women Ages 16–20 Years (CHL)</td>
<td></td>
</tr>
<tr>
<td>13.1 Child and Adolescent Access to Primary Care Practitioners (CAP),</td>
<td>ages 12–24 months</td>
</tr>
<tr>
<td>13.2 Child and Adolescent Access to Primary Care Practitioners (CAP),</td>
<td>ages 25 months–6 years</td>
</tr>
<tr>
<td>13.3 Child and Adolescent Access to Primary Care Practitioners (CAP),</td>
<td>ages 7-11 years</td>
</tr>
<tr>
<td>13.4 Child and Adolescent Access to Primary Care Practitioners (CAP),</td>
<td>ages 12-19 years</td>
</tr>
<tr>
<td>14.0 Ambulatory Care — Emergency Department Visits (AMB), ages 0-19</td>
<td>years (overall)</td>
</tr>
<tr>
<td>14.1 14.1 Ambulatory Care — Emergency Department Visits (AMB), ages 0-1</td>
<td>year</td>
</tr>
<tr>
<td>14.2 14.2 Ambulatory Care — Emergency Department Visits (AMB), ages 2-9</td>
<td>years</td>
</tr>
<tr>
<td>14.3 Ambulatory Care — Emergency Department Visits (AMB), ages 10-19</td>
<td>years</td>
</tr>
</tbody>
</table>

The Joint Commission

The Joint Commission collects performance measures from hospitals accredited by the Joint Commission as part of their quality initiatives. There are a specific set of Perinatal Care measures that are evidenced-based and endorsed by the NQF.
The Perinatal Care set consists of five measures, two of which we included in this report: NTSV and exclusive breastfeeding at discharge. These are reportable only by hospitals accredited by the Joint Commission and do not include childbirth centers and hospitals accredited by other organizations. Prior to 2014, hospital submission of Perinatal Care Measure data was voluntary, so most hospitals were not submitting this data to the Joint Commission. In January of 2014, the Joint Commission began to require Perinatal Care Measure data for hospitals that had greater than or equal to 1,100 per year delivery volume. In January 2016, the Joint Commission lowered the delivery volume threshold to less than or equal to 300 deliveries per year for requirement of submission of data. This was so hospitals with lower delivery volume could begin to submit data. The publicly available data is only available in rolling quarters for the past 12 months.

There are two measures reported that are defined by the Joint Commission. One is the NTSV cesarean measure that is also included in the CMS Child Core Set described above and exclusive breast milk feeding. Exclusive breast milk feeding for the first six months of life has long been the expressed goal of World Health Organization (WHO), U.S. Department of Health and Human Services (HHS), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG). Cochrane reviews also support the benefits, and much evidence has focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) breastmilk feeding. During October 2018 and September 2019, 27 hospitals in Washington State reported on exclusive breast milk feeding.

**Results WA**

Results Washington is a continuous quality improvement system with 16 participating state agencies/groups, including HCA. Results WA uses the latest technology to gather, review, and display performance data so that Washington residents can see how well state government and partners are delivering services and meeting performance goals. Goal 4 is “Healthy and Safe Communities.” The goals from the Healthy Babies category were compared with the specific measures of the Child Core Set when available.16

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

The CDC conducted biennial surveys to hospitals and childbirth centers from 2007 to 2015. 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.

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16 More information about Results WA is available at http://www.results.wa.gov/goals-progress/goals/healthy-safe-communities/goal-map.
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.\textsuperscript{17} The maternity practice domains are:\textsuperscript{18}

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 measures in the Immediate Postpartum Care and Rooming-In domains that are relevant to skin-to-skin contact and rooming-in practices.\textsuperscript{19}

### Table 2: Immediate postpartum care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explanation</th>
<th>Survey item</th>
<th>Scoring</th>
</tr>
</thead>
</table>
| **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. |

\textsuperscript{17} Scoring for maternity practices is available at [https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm](https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm).  
\textsuperscript{19} The mPINC scoring algorithm is available at [https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm](https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm).
Transition

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explanation</th>
<th>Survey item</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of vaginally delivered newborns separated from their mothers before starting rooming-in.</td>
<td>C3</td>
<td>100 = Few 70 = Some 30 = Many 0 = Most OR Not an Option</td>
<td></td>
</tr>
</tbody>
</table>

Monitoring following birth

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explanation</th>
<th>Survey item</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of newborns who receive continuous observed monitoring throughout the first two hours immediately following birth.</td>
<td>C5</td>
<td>100 = Most 70 = Many 30 = Some 0 = Few</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Postpartum Care Subscore

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explaination</th>
<th>Survey item</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean of the 4 item scores†</td>
<td>†The subscore for hospitals with a valid skip for immediate skin-to-skin after Cesarean delivery was the mean of three items scored.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Rooming-In

<table>
<thead>
<tr>
<th>Measure</th>
<th>Explaination</th>
<th>Survey item</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rooming-In</strong></td>
<td>Percent of newborns who stay in the room with their mothers for 24 hours/day (not including separation for medical reasons).</td>
<td>C4_a1</td>
<td>100: 80%+ 70: 50-79% 30: 20-49% 0: &lt;20%</td>
</tr>
<tr>
<td><strong>Mother-infant separation</strong></td>
<td>Indicates usual location of newborns during...</td>
<td>C6_a1</td>
<td>100 = in mother’s room for all 5 situations</td>
</tr>
<tr>
<td></td>
<td>• pediatric exams/rounds.</td>
<td>C6_a2</td>
<td>70 = removed from mother’s room for 1-2 situations</td>
</tr>
<tr>
<td></td>
<td>• hearing screening.</td>
<td>C6_a4</td>
<td>30 = removed from mother’s room for 3-4 situations</td>
</tr>
<tr>
<td></td>
<td>• pulse oximetry screening.</td>
<td>C6_a5</td>
<td>0 = removed from mother’s room for all 5 situations</td>
</tr>
<tr>
<td></td>
<td>• routine labs/blood draws/injections.</td>
<td>C6_a6</td>
<td></td>
</tr>
<tr>
<td><strong>Rooming-in safety</strong></td>
<td>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.</td>
<td>C7</td>
<td>100 = Yes 0 = No</td>
</tr>
<tr>
<td><strong>Rooming-In Subscore</strong></td>
<td></td>
<td>Mean of the three item scores</td>
<td></td>
</tr>
</tbody>
</table>
Healthy People 2020

The Department of Health and Human Services’ Healthy People 2020 tracks important health topic areas, including the indicators on maternal, infant, and child health. The science-based national objectives for improving the health of mothers, infants, and children’s health were compared with the specific measures of the Child Core Set, when available.\(^2\)

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<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Timely</td>
<td>Timely</td>
<td>Timely</td>
<td>Timely</td>
<td>Timely</td>
</tr>
<tr>
<td></td>
<td>PNC (%)</td>
<td>PNC (%)</td>
<td>PNC (%)</td>
<td>PNC (%)</td>
<td>PNC (%)</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>2,338</td>
<td>2,725</td>
<td>2,629</td>
<td>2,460</td>
<td>2,364</td>
</tr>
<tr>
<td></td>
<td>1,696</td>
<td>2,078</td>
<td>2,044</td>
<td>1,931</td>
<td>1,856</td>
</tr>
<tr>
<td></td>
<td>72.5%</td>
<td>76.3%</td>
<td>77.7%</td>
<td>77.3%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>1,230</td>
<td>1,074</td>
<td>1,073</td>
<td>1,074</td>
<td>1,074</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>8,486</td>
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<td>5,711</td>
<td>5,269</td>
<td>4,735</td>
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<tr>
<td></td>
<td>4,494</td>
<td>4,194</td>
<td>4,194</td>
<td>3,768</td>
<td>3,292</td>
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<tr>
<td></td>
<td>78.8%</td>
<td>79.6%</td>
<td>79.6%</td>
<td>79.4%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>3,857</td>
<td>3,059</td>
<td>3,422</td>
<td>3,588</td>
<td>3,261</td>
</tr>
<tr>
<td></td>
<td>2,446</td>
<td>2,861</td>
<td>2,861</td>
<td>2,450</td>
<td>2,452</td>
</tr>
<tr>
<td></td>
<td>80.2%</td>
<td>80.4%</td>
<td>80.4%</td>
<td>80.7%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>9,565</td>
<td>7,812</td>
<td>10,792</td>
<td>8,453</td>
<td>13,782</td>
</tr>
<tr>
<td></td>
<td>5,199</td>
<td>8,453</td>
<td>13,782</td>
<td>13,782</td>
<td>13,782</td>
</tr>
<tr>
<td></td>
<td>78.4%</td>
<td>78.3%</td>
<td>79.4%</td>
<td>79.4%</td>
<td>79.4%</td>
</tr>
<tr>
<td>United Healthcare Community Plan</td>
<td>3,501</td>
<td>2,621</td>
<td>2,866</td>
<td>3,850</td>
<td>3,631</td>
</tr>
<tr>
<td></td>
<td>3,754</td>
<td>2,958</td>
<td>2,958</td>
<td>2,794</td>
<td>2,596</td>
</tr>
<tr>
<td></td>
<td>74.9%</td>
<td>76.8%</td>
<td>76.8%</td>
<td>76.8%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>288</td>
<td>202</td>
<td>261</td>
<td>261</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td>202</td>
<td>261</td>
<td>261</td>
<td>74</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>70.1%</td>
<td>69.7%</td>
<td>75.4%</td>
<td>73.0%</td>
<td>66.2%</td>
</tr>
</tbody>
</table>

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, women enrolled in hospice, and records with missing information about when prenatal care began (4.9% in 2018) that also had no prenatal care claims within 42 days of Medicaid enrollment.

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

Continuous enrollment refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. Plan listed is enrollment plan during month of delivery. Managed care refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. PPCA is Primary Care Case Management through tribal agencies. Timely PNC refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility. Does not count prenatal care prior to Medicaid enrollment. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
### Table 1b: Timeliness of Prenatal Care (PPC), by Race/Ethnicity 2014-2018

**Measure PPC -- Timeliness of Prenatal Care**

Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Race/Ethnicity

Washington Medicaid Women with Births 2014-2018 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women (N)</td>
<td>Timely PNC (N)</td>
<td>Timely PNC (%)</td>
<td>Women (N)</td>
<td>Timely PNC (N)</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>10,234</td>
<td>8,170</td>
<td>79.8%</td>
<td>10,746</td>
<td>8,844</td>
</tr>
<tr>
<td><strong>Not Hispanic or Ethnicity Unknown</strong></td>
<td>15,880</td>
<td>12,155</td>
<td>76.5%</td>
<td>16,567</td>
<td>12,840</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>1,612</td>
<td>1,233</td>
<td>76.5%</td>
<td>1,752</td>
<td>1,421</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>2,140</td>
<td>1,613</td>
<td>75.4%</td>
<td>2,148</td>
<td>1,638</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>796</td>
<td>594</td>
<td>74.6%</td>
<td>756</td>
<td>555</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td>676</td>
<td>468</td>
<td>69.2%</td>
<td>716</td>
<td>451</td>
</tr>
<tr>
<td><strong>Hawaiian/Pacific Islander</strong></td>
<td>1,512</td>
<td>1,150</td>
<td>76.1%</td>
<td>1,550</td>
<td>1,209</td>
</tr>
<tr>
<td><strong>Other/Unknown</strong></td>
<td>412</td>
<td>303</td>
<td>73.5%</td>
<td>571</td>
<td>442</td>
</tr>
<tr>
<td><strong>Total Medicaid</strong></td>
<td>33,262</td>
<td>25,686</td>
<td>77.2%</td>
<td>34,806</td>
<td>27,400</td>
</tr>
</tbody>
</table>

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, women enrolled in hospice, and records with missing information about when prenatal care began (4.9% in 2018) that also had no prenatal care claims within 42 days of Medicaid enrollment.

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

Medicaid refers to women who had Medicaid-paid maternity care. Continuous enrollment refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. Timely PNC refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility. Does not count prenatal care prior to Medicaid enrollment.
Table 2a: Low Birth Weight (LBW), by Managed Care Plan 2014-2018

Measure LBW -- Low Birth Weight

Low Birth Weight (<2500 g) by Managed Care Plan

Live Births 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
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<tbody>
<tr>
<td>Live Births (N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LBW (N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LBW (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>2,740</td>
<td>240</td>
<td>3,124</td>
<td>239</td>
<td>3,024</td>
</tr>
<tr>
<td></td>
<td>213</td>
<td>7.7%</td>
<td>213</td>
<td>7.0%</td>
<td>3,068</td>
</tr>
<tr>
<td></td>
<td>247</td>
<td>8.1%</td>
<td>2,959</td>
<td>223</td>
<td>7.5%</td>
</tr>
<tr>
<td>Columbine United Providers</td>
<td>1,356</td>
<td>83</td>
<td>1,556</td>
<td>83</td>
<td>1,556</td>
</tr>
<tr>
<td></td>
<td>6.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,261</td>
<td>508</td>
<td>6,326</td>
<td>450</td>
<td>5,928</td>
</tr>
<tr>
<td></td>
<td>424</td>
<td>7.1%</td>
<td>424</td>
<td>7.2%</td>
<td>5,663</td>
</tr>
<tr>
<td></td>
<td>428</td>
<td>7.6%</td>
<td>4,996</td>
<td>373</td>
<td>7.5%</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>4,457</td>
<td>334</td>
<td>5,838</td>
<td>380</td>
<td>4,026</td>
</tr>
<tr>
<td></td>
<td>321</td>
<td>7.3%</td>
<td>321</td>
<td>8.0%</td>
<td>3,925</td>
</tr>
<tr>
<td></td>
<td>305</td>
<td>7.8%</td>
<td>3,654</td>
<td>268</td>
<td>7.8%</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>11,413</td>
<td>771</td>
<td>12,069</td>
<td>856</td>
<td>15,473</td>
</tr>
<tr>
<td></td>
<td>1,082</td>
<td>7.0%</td>
<td>1,082</td>
<td>7.0%</td>
<td>16,538</td>
</tr>
<tr>
<td></td>
<td>1,223</td>
<td>7.4%</td>
<td>16,452</td>
<td>1,150</td>
<td>7.0%</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>4,084</td>
<td>311</td>
<td>4,228</td>
<td>317</td>
<td>4,461</td>
</tr>
<tr>
<td></td>
<td>356</td>
<td>7.5%</td>
<td>356</td>
<td>8.0%</td>
<td>4,524</td>
</tr>
<tr>
<td></td>
<td>339</td>
<td>7.5%</td>
<td>4,374</td>
<td>347</td>
<td>8.1%</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>399</td>
<td>35</td>
<td>318</td>
<td>26</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>169</td>
<td>8.2%</td>
<td>52</td>
<td>5.4%</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td></td>
<td>5</td>
<td></td>
<td>12.3%</td>
</tr>
</tbody>
</table>

| Medicaid Managed Care                 |       |       |       |       |       |
| Medicaid Fee for Service              | 30,854| 2,199 | 31,257| 2,251 | 33,081|
|                                       | 2,411 | 7.3%  | 2,411 | 7.3%  | 33,180|
|                                       | 2,547 | 7.5%  | 32,408| 2,370 | 7.3%  |
| Medicaid Fee for Service              |       |       |       |       |       |
| Medicaid Fee for Service              | 12,125| 836   | 11,740| 861   | 10,612|
|                                       | 672   | 6.3%  | 672   | 6.4%  | 7,945 |
|                                       | 507   | 6.1%  | 507   | 6.1%  | 7,497 |
| Total Medicaid                        | 42,979| 3,035 | 42,997| 3,112 | 43,693|
|                                       | 3,083 | 7.1%  | 42,997| 3,112 | 43,693|
|                                        | 3,054 | 7.3%  | 39,995| 2,888 | 7.2%  |
| Total Medicaid                        |       |       |       |       |       |
| Total Non-Medicaid                    | 44,604| 2,541 | 44,493| 2,473 | 45,280|
|                                       | 2,560 | 5.7%  | 45,280| 2,560 | 5.7%  |
|                                       | 44,131| 2,567 | 44,131| 2,567 | 5.7%  |
|                                       | 44,524| 2,645 | 44,524| 2,645 | 5.9%  |

| State Total                           | 87,083| 5,576 | 87,490| 5,585 | 88,973|
|                                       | 5,643 | 6.3%  | 5,643 | 6.3%  | 85,884|
|                                       | 5,621 | 6.5%  | 5,621 | 6.5%  | 84,479|
|                                       | 5,531 | 6.6%  | 5,531 | 6.6%  |       |

Excludes records with missing or invalid birth weight information. Medicaid refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. Managed care refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. PCCM is Primary Care Case Management through tribal agencies. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 2b: Low Birth Weight (LBW), by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Measure LBW – Low Birth Weight</th>
<th>Low Birth Weight (&lt;2500 g) by Maternal Race/Ethnicity</th>
<th>Live Births 2014-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014 (N) LBW N (%)</td>
<td>2015 (N) LBW N (%)</td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>12,460 768 6.2%</td>
<td>12,708 788 6.2%</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>20,734 1,445 7.0%</td>
<td>20,873 1,450 6.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,117 193 9.1%</td>
<td>2,234 232 10.4%</td>
</tr>
<tr>
<td>Black</td>
<td>2,783 274 9.9%</td>
<td>2,689 251 9.3%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1,010 82 8.1%</td>
<td>959 93 9.7%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>876 59 6.7%</td>
<td>895 56 6.8%</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,007 165 8.2%</td>
<td>1,946 183 9.4%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>522 49 9.4%</td>
<td>687 59 8.6%</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>42,479 3,035 7.1%</td>
<td>42,997 3,112 7.2%</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,183 173 5.5%</td>
<td>3,209 178 5.5%</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>32,000 1,676 5.2%</td>
<td>31,673 1,554 4.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>5,976 446 7.5%</td>
<td>6,177 464 7.5%</td>
</tr>
<tr>
<td>Black</td>
<td>1,018 97 9.5%</td>
<td>1,088 113 10.4%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>214 20 7.0%</td>
<td>212 19 7.3%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>214 20 8.0%</td>
<td>221 23 10.4%</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>1,151 92 6.1%</td>
<td>1,477 96 6.4%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>342 23 6.7%</td>
<td>362 26 7.1%</td>
</tr>
<tr>
<td>Total Non-Medicaid</td>
<td>44,604 2,541 5.7%</td>
<td>45,493 2,473 5.6%</td>
</tr>
<tr>
<td>State Total</td>
<td>87,083 5,575 6.4%</td>
<td>87,490 5,585 6.4%</td>
</tr>
</tbody>
</table>

Excludes records with missing or invalid birth weight information. Race/ethnicity categories are mutually exclusive; Hispanic women may be of any race. Medicaid refers to women who had Medicaid paid maternity care. 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: Cesarean Delivery Rate (NTSV) (PC02), by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014 NT SV Births (N)</th>
<th>C-Sec (N)</th>
<th>C-Sec (%)</th>
<th>2015 NT SV Births (N)</th>
<th>C-Sec (N)</th>
<th>C-Sec (%)</th>
<th>2016 NT SV Births (N)</th>
<th>C-Sec (N)</th>
<th>C-Sec (%)</th>
<th>2017 NT SV Births (N)</th>
<th>C-Sec (N)</th>
<th>C-Sec (%)</th>
<th>2018 NT SV Births (N)</th>
<th>C-Sec (N)</th>
<th>C-Sec (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup Washington Inc</td>
<td>1,282</td>
<td>282</td>
<td>22.0%</td>
<td>1,255</td>
<td>298</td>
<td>23.7%</td>
<td>1,065</td>
<td>222</td>
<td>20.8%</td>
<td>981</td>
<td>236</td>
<td>24.1%</td>
<td>861</td>
<td>191</td>
<td>22.2%</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>342</td>
<td>66</td>
<td>19.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>1,917</td>
<td>418</td>
<td>21.8%</td>
<td>1,836</td>
<td>348</td>
<td>19.0%</td>
<td>1,712</td>
<td>326</td>
<td>19.0%</td>
<td>1,638</td>
<td>308</td>
<td>18.5%</td>
<td>1,463</td>
<td>317</td>
<td>21.7%</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>1,906</td>
<td>407</td>
<td>21.4%</td>
<td>1,816</td>
<td>275</td>
<td>20.9%</td>
<td>1,278</td>
<td>256</td>
<td>20.0%</td>
<td>1,191</td>
<td>252</td>
<td>21.2%</td>
<td>1,036</td>
<td>200</td>
<td>19.3%</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>2,380</td>
<td>435</td>
<td>18.7%</td>
<td>2,855</td>
<td>614</td>
<td>21.5%</td>
<td>3,935</td>
<td>827</td>
<td>21.0%</td>
<td>4,248</td>
<td>910</td>
<td>21.4%</td>
<td>4,340</td>
<td>894</td>
<td>20.6%</td>
</tr>
<tr>
<td>United Healthcare Community Plan</td>
<td>1,712</td>
<td>360</td>
<td>21.0%</td>
<td>1,927</td>
<td>363</td>
<td>23.8%</td>
<td>1,453</td>
<td>333</td>
<td>22.9%</td>
<td>1,418</td>
<td>316</td>
<td>22.3%</td>
<td>1,198</td>
<td>259</td>
<td>21.6%</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>90</td>
<td>12</td>
<td>13.3%</td>
<td>79</td>
<td>10</td>
<td>12.7%</td>
<td>35</td>
<td>7</td>
<td>20.0%</td>
<td>28</td>
<td>3</td>
<td>10.7%</td>
<td>20</td>
<td>3</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

| Medicaid Managed Care                           | 9,237                  | 1,914     | 20.7%     | 9,210                  | 1,974     | 21.4%     | 9,478                  | 1,971     | 20.8%     | 9,504                  | 2,020     | 21.3%     | 8,918                  | 1,864     | 20.9%     |
| Medicaid Fee for Service                        | 2,893                  | 654       | 22.6%     | 2,722                  | 564       | 20.7%     | 2,438                  | 493       | 20.2%     | 1,693                  | 359       | 21.2%     | 1,646                  | 351       | 21.3%     |
| Total Medicaid                                  | 12,130                 | 2,568     | 21.2%     | 11,932                 | 2,538     | 21.3%     | 11,916                 | 2,464     | 20.7%     | 11,197                 | 2,379     | 21.2%     | 10,564                 | 2,215     | 21.0%     |
| Total Non-Medicaid                              | 16,819                 | 3,986     | 23.7%     | 16,696                 | 3,917     | 23.5%     | 17,414                 | 4,138     | 23.8%     | 16,930                 | 4,152     | 24.5%     | 16,744                 | 4,101     | 24.5%     |

| State Total                                     | 28,949                 | 6,554     | 22.6%     | 28,628                 | 6,455     | 22.5%     | 29,330                 | 6,502     | 22.5%     | 28,217                 | 6,531     | 23.2%     | 27,308                 | 6,316     | 23.1%     |

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state resident births. Medicaid refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. Managed care refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. PCCM is Primary Care Case Management through tribal agencies. Medicaid Fee for Service (FFS) includes citizenship and legal residents. C-Sec = C-Section. NTSV=nulliparous, term, single, vertex. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 3b: Cesarean Delivery Rate (NTSV) (PC02), by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Measure PC02 – Cesarean Delivery Rate (NTSV)</th>
<th>Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity 2014-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,100</td>
</tr>
<tr>
<td>Non-Hispanic or Ethnicity Unknown</td>
<td>6,352</td>
</tr>
<tr>
<td>Asian</td>
<td>711</td>
</tr>
<tr>
<td>Black</td>
<td>754</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>216</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>176</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>717</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>104</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>12,130</td>
</tr>
<tr>
<td>Non-Medicaid</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,163</td>
</tr>
<tr>
<td>Non-Hispanic or Ethnicity Unknown</td>
<td>11,827</td>
</tr>
<tr>
<td>Asian</td>
<td>2,546</td>
</tr>
<tr>
<td>Black</td>
<td>371</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>84</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>68</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>544</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>121</td>
</tr>
<tr>
<td>Total Non-Medicaid</td>
<td>16,819</td>
</tr>
<tr>
<td>State Total</td>
<td>28,949</td>
</tr>
</tbody>
</table>

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state resident births. Race/ethnicity categories are mutually exclusive; Hispanic women may be of any race. Medicaid refers to women who had Medicaid-paid maternity care. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 4: Exclusive Breast Milk Feeding (PC05), 2018*

<table>
<thead>
<tr>
<th>Organization Name, City</th>
<th>Eligible Patients</th>
<th>Actual Rate</th>
<th>Nationwide Hospital Result Symbol**</th>
</tr>
</thead>
<tbody>
<tr>
<td>EvergreenHealth, Kirkland</td>
<td>3,889</td>
<td>67.9%</td>
<td>F</td>
</tr>
<tr>
<td>Providence Sacred Heart Medical Center &amp; Children's Hospital, Spokane</td>
<td>367</td>
<td>63.4%</td>
<td>F</td>
</tr>
<tr>
<td>Legacy Salmon Creek Hospital, Vancouver</td>
<td>421</td>
<td>92.4%</td>
<td>F</td>
</tr>
<tr>
<td>Overlake Hospital Medical Center, Bellevue</td>
<td>413</td>
<td>81.8%</td>
<td>F</td>
</tr>
<tr>
<td>St. Joseph Medical Center, Tacoma</td>
<td>429</td>
<td>81.4%</td>
<td>F</td>
</tr>
<tr>
<td>Providence Regional Medical Center Everett</td>
<td>442</td>
<td>78.3%</td>
<td>N</td>
</tr>
<tr>
<td>Harrison Medical Center, Bremerton</td>
<td>384</td>
<td>73.6%</td>
<td>N</td>
</tr>
<tr>
<td>Columbia Capital Medical Center Limited Partnership, Olympia</td>
<td>156</td>
<td>71.3%</td>
<td>N</td>
</tr>
<tr>
<td>Providence St. Peter Hospital, Olympia</td>
<td>406</td>
<td>71.7%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Covington Medical Center, Covington</td>
<td>118</td>
<td>70.3%</td>
<td>N</td>
</tr>
<tr>
<td>University of Washington Medical Center, Seattle</td>
<td>243</td>
<td>70.0%</td>
<td>N</td>
</tr>
<tr>
<td>Public Hosp District No.1 of King County, Renton</td>
<td>442</td>
<td>86.0%</td>
<td>N</td>
</tr>
<tr>
<td>Madigan Army Medical Center, Tacoma</td>
<td>340</td>
<td>69.5%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Health System, Tacoma</td>
<td>2,172</td>
<td>67.7%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Health System, Puyallup</td>
<td>1,791</td>
<td>66.6%</td>
<td>N</td>
</tr>
<tr>
<td>Providence Holy Family Hospital, Spokane</td>
<td>214</td>
<td>65.4%</td>
<td>N</td>
</tr>
<tr>
<td>Providence Centralia Hospital, Centralia</td>
<td>130</td>
<td>64.6%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Deaconess Hospital, Spokane</td>
<td>239</td>
<td>80.3%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Valley Hospital, Spokane Valley</td>
<td>143</td>
<td>60.1%</td>
<td>N</td>
</tr>
<tr>
<td>Highline Medical Center, Burien</td>
<td>192</td>
<td>59.9%</td>
<td>N</td>
</tr>
<tr>
<td>MultiCare Health System, Auburn</td>
<td>872</td>
<td>58.1%</td>
<td>N</td>
</tr>
<tr>
<td>St. Francis Hospital, Federal Way</td>
<td>266</td>
<td>56.0%</td>
<td>N</td>
</tr>
<tr>
<td>Yakima Valley Memorial Hospital, Yakima</td>
<td>401</td>
<td>55.5%</td>
<td>N</td>
</tr>
<tr>
<td>Kadlec Regional Medical Center, Richland</td>
<td>379</td>
<td>45.9%</td>
<td>U</td>
</tr>
<tr>
<td>SSHC Medical Center - Toppenish</td>
<td>311</td>
<td>44.1%</td>
<td>U</td>
</tr>
<tr>
<td>Providence St. Mary Medical Center, Walla Walla</td>
<td>124</td>
<td>40.3%</td>
<td>U</td>
</tr>
<tr>
<td>RCCH Trios Health, LLC, Kinniwick</td>
<td>252</td>
<td>39.3%</td>
<td>U</td>
</tr>
</tbody>
</table>

*Data source: Joint Commission Quality Check public data https://www.qualitycheck.org; Report dates: Oct 1 2018 to Sep 30 2019
**Nationwide Hospital Result Symbol: F = The hospital has performed better than the national average; N = The hospital has performed the same as the national average; U = The hospital has met the National Quality Improvement Goal less often than the national average.

Nationwide Average: 51.3%
Nationwide Top 10 Percent: 73.3%
Statewide Average: 71.7%
Statewide Top 10 Percent: 62.4%
### Table 5.1a: Contraceptive Care – Women Ages 15-20 (CCW), By Managed Care Plan 2014-2018

| Medicaid Managed Care Plan                        | 2014 Total | More/Most Effective Contraception Age 15-20 | ELIGIBLE WOMEN | N | % of Total | 2015 Total | More/Most Effective Contraception Age 15-20 | ELIGIBLE WOMEN | N | % of Total | 2016 Total | More/Most Effective Contraception Age 15-20 | ELIGIBLE WOMEN | N | % of Total | 2017 Total | More/Most Effective Contraception Age 15-20 | ELIGIBLE WOMEN | N | % of Total | 2018 Total | More/Most Effective Contraception Age 15-20 | ELIGIBLE WOMEN | N | % of Total |
|--------------------------------------------------|------------|---------------------------------------------|----------------|----|------------|------------|---------------------------------------------|----------------|----|------------|------------|---------------------------------------------|----------------|----|------------|------------|---------------------------------------------|----------------|----|------------|------------|---------------------------------------------|----------------|----|------------|------------|---------------------------------------------|----------------|----|------------|
| Amerigroup Washington Inc                        | 966        |                                             | 336            | 34.8% | 2,078      | 894         | 33.4% | 3,286      | 1,076         | 32.7% | 3,450      | 1,146         | 33.2% | 3,533      | 1,125         | 31.8% |
| Columbia United Providers                         | 2,575      |                                             | 725            | 28.2% | 7,117      | 2,709       | 37.9% | 13,426     | 4,678         | 34.8% | 21,026     | 7,683         | 36.4% | 27,842     | 9,527         | 34.1% |
| Community Health Plan of WA                      | 12,367     |                                             | 3,259          | 26.4% | 13,225     | 3,551       | 26.9% | 13,435     | 3,640         | 27.1% | 13,142     | 3,559         | 27.1% | 11,924     | 3,146         | 26.4% |
| Coordinated Care of WA                           | 3,315      |                                             | 927            | 28.0% | 5,365      | 1,486       | 27.7% | 6,662      | 1,810         | 27.2% | 9,188      | 2,726         | 29.7% | 8,955      | 2,662         | 29.7% |
| Molina Healthcare of WA Inc                      | 18,846     |                                             | 5,871          | 31.2% | 25,576     | 7,873       | 30.8% | 32,689     | 10,353        | 31.7% | 34,804     | 10,976        | 31.5% | 35,404     | 10,967        | 31.0% |
| United Health Care Community Plan                | 2,159      |                                             | 665            | 30.8% | 4,728      | 1,461       | 31.0% | 5,844      | 1,769         | 30.3% | 6,073      | 1,892         | 31.2% | 6,089      | 1,862         | 30.6% |
| Other                                            | 18,339     |                                             | 5,994          | 32.7% | 16,550     | 5,447       | 32.9% | 15,540     | 4,867         | 31.3% | 11,173     | 3,310         | 29.6% | 11,955     | 3,331         | 27.9% |
| Medicaid Managed Care                            | 55,992     |                                             | 17,052         | 30.5% | 70,697     | 21,441      | 30.3% | 77,456     | 23,515        | 30.4% | 77,830     | 23,609        | 30.3% | 77,860     | 23,093        | 29.7% |
| Medicaid Fee for Service                         | 6,728      |                                             | 2,432          | 36.1% | 6,827      | 2,469       | 36.2% | 3,450      | 1,403         | 40.7% | 3,180      | 1,338         | 42.1% | 3,105      | 1,270         | 40.9% |
| Total                                            | 62,720     |                                             | 19,484         | 31.1% | 77,524     | 23,910      | 30.8% | 80,906     | 24,918        | 30.8% | 81,010     | 24,947        | 30.8% | 80,965     | 24,363        | 30.1% |

Excludes women with eligibility for programs using state funds only; 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 two months of the measurement year; and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one plan during the year. Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the ‘anchor’ date.
Table 5.1b: Contraceptive Care – Women Ages 15-20 (CCW), By Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Measure CCW: Contraceptive Care – Women Ages 15-20</th>
<th>Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC) By Race/Ethnicity 2014 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2015</td>
</tr>
<tr>
<td>TOTAL ELIGIBLE WOMEN</td>
<td>TOTAL ELIGIBLE WOMEN</td>
</tr>
<tr>
<td>18,113</td>
<td>908 5.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>29,604</td>
</tr>
<tr>
<td>Asian</td>
<td>2,440</td>
</tr>
<tr>
<td>Black</td>
<td>4,240</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,711</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>1,144</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,564</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>3,102</td>
</tr>
<tr>
<td>Total</td>
<td>62,720</td>
</tr>
</tbody>
</table>

LARC=long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the “anchor” date.

Excludes women with eligibility for programs using state funds only; 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 two 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. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
### Table 5.2a: Contraceptive Care – Women Ages 15-20 (CCW) – LARC, By Managed Care Plan 2014-2018

**Measure CCW: Contraceptive Care – Women Ages 15-20**

Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC) By Managed Care Plan 2014 to 2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE WOMEN</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>3,937</td>
<td>33.4%</td>
<td>3,286</td>
<td>19.0%</td>
<td>4,450</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>2,575</td>
<td>13.0%</td>
<td>385</td>
<td>3.5%</td>
<td>567</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>15,218</td>
<td>34.3%</td>
<td>12,483</td>
<td>31.5%</td>
<td>18,126</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>3,109</td>
<td>14.0%</td>
<td>266</td>
<td>6.5%</td>
<td>6,652</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>18,846</td>
<td>26.6%</td>
<td>1,209</td>
<td>4.7%</td>
<td>32,899</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>2,159</td>
<td>10.6%</td>
<td>544</td>
<td>4.6%</td>
<td>2,16</td>
</tr>
<tr>
<td>Other</td>
<td>18,539</td>
<td>10.5%</td>
<td>914</td>
<td>5.7%</td>
<td>15,960</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>55,992</td>
<td>26.5%</td>
<td>70,687</td>
<td>50.0%</td>
<td>77,456</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>6,728</td>
<td>4.2%</td>
<td>6,827</td>
<td>6.1%</td>
<td>3,450</td>
</tr>
<tr>
<td>Total</td>
<td>62,720</td>
<td>5.1%</td>
<td>77,524</td>
<td>5.1%</td>
<td>80,906</td>
</tr>
</tbody>
</table>

LARC=long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the ‘anchor’ date. Excludes women with eligibility for programs using state funds only, women who are eligible for both Medicaid and Medicare, women who have full third party liability, women who were incarcerated, women who had a live birth in the last two months of the measurement year, and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one plan during the year. Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Other includes both Uncategorized and PCCM, defined as follows: Uncategorized indicates that a woman had more measurement year 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; PCCM is Primary Care Case Management through tribal agencies. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Child Health Services: Provider Performance
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### Table 5.2b: Contraceptive Care – Women Ages 15-20 (CCW) – LARC, By Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th></th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE WOMEN N</td>
<td>% OF N</td>
<td>ELIGIBLE WOMEN N</td>
<td>% OF N</td>
<td>ELIGIBLE WOMEN N</td>
<td>% OF N</td>
<td>ELIGIBLE WOMEN N</td>
<td>% OF N</td>
<td>ELIGIBLE WOMEN N</td>
<td>% OF N</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18,115</td>
<td>908</td>
<td>5.0%</td>
<td>21,615</td>
<td>1,055</td>
<td>4.9%</td>
<td>25,029</td>
<td>1,195</td>
<td>5.1%</td>
<td>20,375</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>29,504</td>
<td>1,537</td>
<td>5.2%</td>
<td>36,670</td>
<td>2,051</td>
<td>5.6%</td>
<td>37,410</td>
<td>2,015</td>
<td>5.4%</td>
<td>36,130</td>
</tr>
<tr>
<td>White</td>
<td>2,440</td>
<td>45</td>
<td>1.8%</td>
<td>3,398</td>
<td>77</td>
<td>2.4%</td>
<td>3,581</td>
<td>121</td>
<td>3.4%</td>
<td>3,462</td>
</tr>
<tr>
<td>Asian</td>
<td>1,711</td>
<td>119</td>
<td>7.0%</td>
<td>2,129</td>
<td>138</td>
<td>6.5%</td>
<td>2,218</td>
<td>147</td>
<td>6.6%</td>
<td>2,329</td>
</tr>
<tr>
<td>Black</td>
<td>4,240</td>
<td>186</td>
<td>4.4%</td>
<td>5,487</td>
<td>263</td>
<td>4.8%</td>
<td>5,512</td>
<td>303</td>
<td>5.4%</td>
<td>5,970</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1,144</td>
<td>42</td>
<td>3.7%</td>
<td>1,810</td>
<td>62</td>
<td>3.4%</td>
<td>1,940</td>
<td>68</td>
<td>3.5%</td>
<td>1,914</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>2,364</td>
<td>146</td>
<td>6.2%</td>
<td>1,843</td>
<td>106</td>
<td>5.8%</td>
<td>2,007</td>
<td>142</td>
<td>7.1%</td>
<td>2,117</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>3,102</td>
<td>131</td>
<td>4.2%</td>
<td>4,025</td>
<td>178</td>
<td>3.8%</td>
<td>4,809</td>
<td>210</td>
<td>4.4%</td>
<td>4,810</td>
</tr>
<tr>
<td>Total</td>
<td>62,720</td>
<td>3,114</td>
<td>5.0%</td>
<td>77,524</td>
<td>3,926</td>
<td>5.1%</td>
<td>80,906</td>
<td>4,398</td>
<td>5.4%</td>
<td>81,010</td>
</tr>
</tbody>
</table>

**LARC**: Long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

*Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'arched' date.

*Excludes women with eligibility for programs using state funds only, 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 two 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. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.*
Table 6.1a: Contraceptive Care — Postpartum Women Ages 15-20 (CCP), by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup Washington Inc</td>
<td>139</td>
<td>150</td>
<td>146</td>
<td>130</td>
<td>120</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>93</td>
<td>96</td>
<td>104</td>
<td>92</td>
<td>92</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>701</td>
<td>716</td>
<td>720</td>
<td>733</td>
<td>722</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>350</td>
<td>356</td>
<td>343</td>
<td>322</td>
<td>322</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>901</td>
<td>903</td>
<td>901</td>
<td>901</td>
<td>901</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>229</td>
<td>236</td>
<td>224</td>
<td>216</td>
<td>214</td>
</tr>
<tr>
<td>Other</td>
<td>375</td>
<td>386</td>
<td>389</td>
<td>392</td>
<td>392</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>2,666</td>
<td>2,505</td>
<td>2,489</td>
<td>2,187</td>
<td>1,909</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>352</td>
<td>356</td>
<td>343</td>
<td>322</td>
<td>322</td>
</tr>
<tr>
<td>Total</td>
<td>2,938</td>
<td>2,704</td>
<td>2,591</td>
<td>2,286</td>
<td>2,002</td>
</tr>
</tbody>
</table>

Excludes women with eligibility for programs using state funds only, women who are eligible for both Medicaid and Medicare, women who have full third party liability, women with deliveries that did not end in a live birth, and women who delivered in the last two months of the year. Women may have been enrolled in more than one plan during the year. Plan listed is the Medicaid managed care plan that the women was enrolled in from delivery through 60 days postpartum. Other includes both Uncategorized and PCCM, defined as follows: Uncategorized indicates that a woman had more enrollment months in managed care than in fee-for-service status from month of delivery through 60 days postpartum but was not enrolled in a single managed care plan throughout that time; PCCM is Primary Care Case Management through tribal agencies. Most or moderately effective FDA-approved contraception methods: female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. Eligible women are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
### Table 6.1b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP), by Race/Ethnicity 2014-2018

**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 Sixty Days of Delivery**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Women</td>
<td>% of Total</td>
<td>Eligible Women</td>
<td>% of Total</td>
<td>Eligible Women</td>
</tr>
<tr>
<td>Hispanic</td>
<td>964</td>
<td>442</td>
<td>45.9%</td>
<td>936</td>
<td>573</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>1,347</td>
<td>551</td>
<td>40.9%</td>
<td>1,206</td>
<td>498</td>
</tr>
<tr>
<td>White</td>
<td>1,347</td>
<td>551</td>
<td>40.9%</td>
<td>1,206</td>
<td>498</td>
</tr>
<tr>
<td>Asian</td>
<td>16</td>
<td>17</td>
<td>65.4%</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Black</td>
<td>273</td>
<td>51</td>
<td>29.5%</td>
<td>160</td>
<td>50</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>106</td>
<td>29</td>
<td>27.4%</td>
<td>117</td>
<td>32</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>56</td>
<td>15</td>
<td>26.8%</td>
<td>72</td>
<td>15</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>176</td>
<td>44</td>
<td>44.4%</td>
<td>177</td>
<td>77</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>138</td>
<td>57</td>
<td>41.3%</td>
<td>114</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,938</td>
<td>1,206</td>
<td>41.0%</td>
<td>2,704</td>
<td>1,037</td>
</tr>
</tbody>
</table>

Excludes women with eligibility for programs using state funds only, women who are eligible for both Medicaid and Medicare, women who have full third party liability, women with deliveries that did not end in a live birth, and women who delivered in the last two months of the year. Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race. Other/Unknown includes Non-Hispanic or Ethnicity Unknown with race stated as Asian. Other, or records with designation unknown. Most or moderately effective FDA-approved contraception methods include female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. Eligible women are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 6.2a: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) –
LARC, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>15-20</td>
<td>Total</td>
<td>15-20</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE WOMEN</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>119</td>
<td>22</td>
<td>16.8%</td>
<td>148</td>
<td>22</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>93</td>
<td>25</td>
<td>26.9%</td>
<td>123</td>
<td>23</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>701</td>
<td>167</td>
<td>23.8%</td>
<td>516</td>
<td>121</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>565</td>
<td>121</td>
<td>21.8%</td>
<td>578</td>
<td>122</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>901</td>
<td>166</td>
<td>18.4%</td>
<td>908</td>
<td>165</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>259</td>
<td>56</td>
<td>21.6%</td>
<td>216</td>
<td>53</td>
</tr>
<tr>
<td>Other</td>
<td>376</td>
<td>82</td>
<td>21.8%</td>
<td>309</td>
<td>43</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>2,686</td>
<td>517</td>
<td>19.2%</td>
<td>2,505</td>
<td>469</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>252</td>
<td>35</td>
<td>13.9%</td>
<td>199</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>2,938</td>
<td>552</td>
<td>18.8%</td>
<td>2,704</td>
<td>498</td>
</tr>
</tbody>
</table>

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. Women may have been enrolled in more than one plan during the year. Plan listed is the Medicaid managed care plan that the woman was enrolled in from delivery through 60 days postpartum. Other includes both Uncategorized and PCCM, defined as follows: Uncategorized indicates that a woman had more enrollment months in managed care than in Fee-for-service status from month of delivery through 60 days postpartum but was not enrolled in a single managed care plan throughout that time, PCCM is Primary Care Cost Management through tribal agencies. LARC = long-acting reversible method of contraception (implant or IUD). Eligible women are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
<table>
<thead>
<tr>
<th>Measure CCP: Contraceptive Care – Postpartum Women Ages 15-20</th>
<th>LARC, by Year and Race/Ethnicity 2014-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC) Within Sixty Days of Delivery</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th></th>
<th></th>
<th>2015</th>
<th></th>
<th></th>
<th></th>
<th>2016</th>
<th></th>
<th></th>
<th></th>
<th>2017</th>
<th></th>
<th></th>
<th></th>
<th>2018</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE WOMEN</td>
<td>N</td>
<td>% of Total</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>2,938</td>
<td>552</td>
<td>18.8%</td>
<td>2,704</td>
<td>498</td>
<td>18.4%</td>
<td>2,591</td>
<td>506</td>
<td>19.5%</td>
<td>2,286</td>
<td>487</td>
<td>21.3%</td>
<td>2,082</td>
<td>395</td>
<td>19.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>964</td>
<td>233</td>
<td>24.0%</td>
<td>936</td>
<td>193</td>
<td>20.6%</td>
<td>876</td>
<td>207</td>
<td>23.6%</td>
<td>795</td>
<td>196</td>
<td>23.2%</td>
<td>720</td>
<td>178</td>
<td>24.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1,347</td>
<td>230</td>
<td>17.7%</td>
<td>1,205</td>
<td>122</td>
<td>18.9%</td>
<td>1,171</td>
<td>215</td>
<td>18.4%</td>
<td>1,004</td>
<td>189</td>
<td>18.8%</td>
<td>816</td>
<td>143</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>26</td>
<td>7</td>
<td>26.9%</td>
<td>20</td>
<td>3</td>
<td>15.0%</td>
<td>26</td>
<td>4</td>
<td>15.4%</td>
<td>24</td>
<td>3</td>
<td>12.5%</td>
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<td>1</td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>173</td>
<td>19</td>
<td>11.0%</td>
<td>166</td>
<td>22</td>
<td>13.5%</td>
<td>153</td>
<td>27</td>
<td>17.6%</td>
<td>136</td>
<td>22</td>
<td>16.2%</td>
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<td>20</td>
<td>17.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>105</td>
<td>14</td>
<td>13.2%</td>
<td>117</td>
<td>13</td>
<td>11.1%</td>
<td>98</td>
<td>11</td>
<td>12.2%</td>
<td>103</td>
<td>21</td>
<td>21.4%</td>
<td>102</td>
<td>19</td>
<td>18.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>54</td>
<td>4</td>
<td>7.1%</td>
<td>72</td>
<td>7</td>
<td>9.7%</td>
<td>90</td>
<td>11</td>
<td>12.2%</td>
<td>52</td>
<td>4</td>
<td>7.7%</td>
<td>59</td>
<td>7</td>
<td>11.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Than One Race</td>
<td>128</td>
<td>21</td>
<td>16.4%</td>
<td>73</td>
<td>15</td>
<td>20.5%</td>
<td>88</td>
<td>14</td>
<td>15.9%</td>
<td>86</td>
<td>12</td>
<td>14.0%</td>
<td>101</td>
<td>16</td>
<td>15.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>138</td>
<td>26</td>
<td>18.8%</td>
<td>114</td>
<td>17</td>
<td>14.9%</td>
<td>89</td>
<td>15</td>
<td>16.9%</td>
<td>86</td>
<td>10</td>
<td>22.1%</td>
<td>79</td>
<td>11</td>
<td>13.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. Race/ethnicity categories are mutually exclusive. Hispanic women may be of any race. Other/Unknown includes Non-Hispanic or Ethnicity Unknown with race stated as Asian, Other, or records with designation unknown. LARC-long-acting reversible method of contraception (Implants or IUD). Eligible women are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 7a: Childhood Immunizations by Age Two (CIS): Combination 3, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible Children</td>
<td>% of Total</td>
<td>Eligible Children</td>
<td>% of Total</td>
<td>Eligible Children</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>699</td>
<td>589 55.7%</td>
<td>1,147 65.3%</td>
<td>2,576 66.0%</td>
<td>2,342 63.9%</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>2,382</td>
<td>2,382 60.8%</td>
<td>2,382 60.8%</td>
<td>2,382 60.8%</td>
<td>2,382 60.8%</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,315</td>
<td>7,315 68.5%</td>
<td>7,315 68.5%</td>
<td>7,315 68.5%</td>
<td>7,315 68.5%</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>2,544</td>
<td>2,544 73.0%</td>
<td>2,544 73.0%</td>
<td>2,544 73.0%</td>
<td>2,544 73.0%</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>14,361</td>
<td>14,361 64.4%</td>
<td>14,361 64.4%</td>
<td>14,361 64.4%</td>
<td>14,361 64.4%</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>1,597</td>
<td>1,597 60.8%</td>
<td>1,597 60.8%</td>
<td>1,597 60.8%</td>
<td>1,597 60.8%</td>
</tr>
<tr>
<td>Native Health PCCM (multi-agency)</td>
<td>240</td>
<td>240 59.2%</td>
<td>240 59.2%</td>
<td>240 59.2%</td>
<td>240 59.2%</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>8,387</td>
<td>8,387 62.9%</td>
<td>8,387 62.9%</td>
<td>8,387 62.9%</td>
<td>8,387 62.9%</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>33,593</td>
<td>33,593 64.7%</td>
<td>33,593 64.7%</td>
<td>33,593 64.7%</td>
<td>33,593 64.7%</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>2,551</td>
<td>2,551 57.5%</td>
<td>2,551 57.5%</td>
<td>2,551 57.5%</td>
<td>2,551 57.5%</td>
</tr>
<tr>
<td>Total</td>
<td>36,144</td>
<td>36,144 64.2%</td>
<td>39,889 65.2%</td>
<td>41,659 64.0%</td>
<td>41,646 65.2%</td>
</tr>
</tbody>
</table>

Note: Child may have been enrolled in more than one plan over the two-year period. 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. Uncategorized indicates a child who 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. PCCM is Primary Care Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. 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 influenzae type B. Hep B = Hepatitis B. VZV = chicken pox. PCV = pneumococcal conjugate. Combination measures have met all 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. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
### Table 7b: Childhood Immunizations by Age Two (CIS): Combination 3, by Race/Ethnicity 2014-2018

Measure CIS Combination 3 -- Children age 2 who had a full set of DTAP, IPV, MMR, HiB, Hep B, VZV, and PCV immunizations by second birthday.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had Immunizations TOTAL CHILDREN N</td>
<td>% of Total</td>
<td>Had Immunizations TOTAL CHILDREN N</td>
<td>% of Total</td>
<td>Had Immunizations TOTAL CHILDREN N</td>
<td>% of Total</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11,641</td>
<td>8,718</td>
<td>74.9%</td>
<td>12,622</td>
<td>9,214</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>16,754</td>
<td>9,576</td>
<td>57.2%</td>
<td>18,810</td>
<td>10,734</td>
</tr>
<tr>
<td>White</td>
<td>1,412</td>
<td>1,057</td>
<td>74.9%</td>
<td>1,609</td>
<td>1,231</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>734</td>
<td>448</td>
<td>61.0%</td>
<td>891</td>
<td>520</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>720</td>
<td>430</td>
<td>59.7%</td>
<td>1,006</td>
<td>603</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,132</td>
<td>1,346</td>
<td>63.1%</td>
<td>1,464</td>
<td>911</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>597</td>
<td>304</td>
<td>50.9%</td>
<td>654</td>
<td>307</td>
</tr>
<tr>
<td>Total</td>
<td>36,144</td>
<td>23,216</td>
<td>64.2%</td>
<td>39,889</td>
<td>25,199</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. Excludes immunizations other than MMR that occur within 14 days of the same immunization type. Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. DTaP = diphtheria, tetanus, and acellular pertussis. IPV = polio. MMR = measles, mumps, and rubella. HiB = H influenza type B. Hep B = Hepatitis B. VZV = chicken pox. PCV = pneumococcal conjugate. 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.

Child Health Services: Provider Performance
September 30, 2020
## Table 8.1a: Immunizations for Adolescents Who Turned 13 (IMA): Combination 1, by Managed Care Plan 2014-2018

**Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year**

By Managed Care Plan 2014 to 2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>TOTAL</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>454</td>
<td>285</td>
<td>62.8%</td>
<td>1,053</td>
<td>620</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>250</td>
<td>130</td>
<td>52.0%</td>
<td>250</td>
<td>130</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,553</td>
<td>5,550</td>
<td>73.0%</td>
<td>6,283</td>
<td>4,704</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>1,849</td>
<td>1,228</td>
<td>66.4%</td>
<td>2,583</td>
<td>1,975</td>
</tr>
<tr>
<td>Moline Healthcare of WA Inc</td>
<td>11,278</td>
<td>8,171</td>
<td>72.5%</td>
<td>12,346</td>
<td>9,029</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>970</td>
<td>662</td>
<td>68.1%</td>
<td>2,967</td>
<td>1,473</td>
</tr>
<tr>
<td>Regence Health PCMM (multi-agencies)</td>
<td>134</td>
<td>94</td>
<td>70.1%</td>
<td>152</td>
<td>152</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>4,124</td>
<td>2,836</td>
<td>68.8%</td>
<td>4,405</td>
<td>2,885</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>26,162</td>
<td>18,766</td>
<td>72.1%</td>
<td>29,083</td>
<td>20,957</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>1,847</td>
<td>1,161</td>
<td>62.9%</td>
<td>1,818</td>
<td>1,178</td>
</tr>
<tr>
<td>Total</td>
<td>28,009</td>
<td>19,927</td>
<td>71.9%</td>
<td>30,901</td>
<td>22,135</td>
</tr>
</tbody>
</table>

Adolescent may have been enrolled in more than one plan during the period of interest. Plan listed is the managed care plan that the adolescent was enrolled in at least 11 months during the 12 months before their 13th birthday. Uncategorized indicates that an adolescent had more measurement year 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. PCMM is Primary Care Management through tribal agencies. Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. Tdap – at least one tetanus, diphtheria toxoid and acellular pertussis vaccine on or between the adolescent’s 10th and 11th birthdays. Combination 1 (Meningococcal, Tdap) – Adolescents who are numerator compliant for both the meningococcal and Tdap indicators. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 8.1b: Immunizations for Adolescents Who Turned 13 (IMA): Combination 1, by Race/Ethnicity 2014-2018

Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year
By Race/Ethnicity 2014 to 2018

<table>
<thead>
<tr>
<th></th>
<th>2014 Total Children</th>
<th>Year 2014 TOTAL Immunizations</th>
<th>Year 2015 TOTAL Immunizations</th>
<th>Year 2016 TOTAL Immunizations</th>
<th>Year 2017 TOTAL Immunizations</th>
<th>Year 2018 TOTAL Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>% of Total</td>
<td>N</td>
<td>% of Total</td>
<td>N</td>
<td>% of Total</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9,082</td>
<td>84.6%</td>
<td>10,129</td>
<td>81.5%</td>
<td>11,499</td>
<td>81.8%</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>12,469</td>
<td>62.9%</td>
<td>13,775</td>
<td>63.8%</td>
<td>14,740</td>
<td>64.6%</td>
</tr>
<tr>
<td>White</td>
<td>1,043</td>
<td>76.8%</td>
<td>1,021</td>
<td>76.3%</td>
<td>1,442</td>
<td>80.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>1,289</td>
<td>76.0%</td>
<td>1,454</td>
<td>76.2%</td>
<td>2,188</td>
<td>76.3%</td>
</tr>
<tr>
<td>Black</td>
<td>1,695</td>
<td>71.8%</td>
<td>1,568</td>
<td>71.8%</td>
<td>1,701</td>
<td>75.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>611</td>
<td>71.8%</td>
<td>721</td>
<td>76.0%</td>
<td>849</td>
<td>76.3%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>527</td>
<td>73.7%</td>
<td>653</td>
<td>73.7%</td>
<td>800</td>
<td>70.2%</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>1,194</td>
<td>69.5%</td>
<td>719</td>
<td>72.9%</td>
<td>796</td>
<td>74.5%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>1,388</td>
<td>67.1%</td>
<td>1,518</td>
<td>65.4%</td>
<td>1,752</td>
<td>60.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28,009</strong></td>
<td><strong>71.1%</strong></td>
<td><strong>30,901</strong></td>
<td><strong>71.6%</strong></td>
<td><strong>33,836</strong></td>
<td><strong>73.3%</strong></td>
</tr>
</tbody>
</table>

Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, a adolescent with full third-party liability, and adolescents enrolled in hospice. Race/ethnicity categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent 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 (2% of adolescents). Meningococcal = at least one meningococcal vaccine on or before the adolescent’s 11th and 13th birthdays. Combination 1 (Meningococcal, Tdap) = Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.
Table 8.2a: Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th></th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>ELIGIBLE</td>
<td></td>
<td>(%) of Total</td>
<td></td>
<td>ELIGIBLE</td>
<td>% of Total</td>
<td></td>
<td>ELIGIBLE</td>
<td>% of Total</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>454</td>
<td>103 22.7%</td>
<td>1,033</td>
<td>249 24.1%</td>
<td>1,428</td>
<td>380 26.6%</td>
<td>1,619</td>
<td>470 29.0%</td>
<td>1,658</td>
<td>543 32.8%</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>204</td>
<td>89 33.8%</td>
<td>105</td>
<td>29 27.6%</td>
<td>105</td>
<td>29 27.6%</td>
<td>105</td>
<td>29 27.6%</td>
<td>105</td>
<td>29 27.6%</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,553</td>
<td>2,738 36.3%</td>
<td>6,283</td>
<td>2,492 39.7%</td>
<td>6,570</td>
<td>2,685 40.9%</td>
<td>6,932</td>
<td>2,897 43.7%</td>
<td>6,303</td>
<td>2,819 44.7%</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>1,649</td>
<td>658 39.9%</td>
<td>2,383</td>
<td>1,060 44.6%</td>
<td>2,952</td>
<td>1,262 42.8%</td>
<td>4,245</td>
<td>1,945 45.8%</td>
<td>4,391</td>
<td>1,989 45.4%</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>11,378</td>
<td>3,549 31.5%</td>
<td>12,346</td>
<td>4,042 32.7%</td>
<td>14,251</td>
<td>4,684 32.7%</td>
<td>16,951</td>
<td>5,899 34.8%</td>
<td>17,573</td>
<td>6,275 35.7%</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>970</td>
<td>294 30.3%</td>
<td>2,087</td>
<td>670 32.4%</td>
<td>2,690</td>
<td>859 31.6%</td>
<td>3,058</td>
<td>1,019 33.3%</td>
<td>3,105</td>
<td>1,079 34.8%</td>
</tr>
<tr>
<td>Native Health PCCM (multi-agencies)</td>
<td>134</td>
<td>52 38.8%</td>
<td>182</td>
<td>70 43.2%</td>
<td>141</td>
<td>65 46.1%</td>
<td>114</td>
<td>54 47.4%</td>
<td>112</td>
<td>56 50.0%</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>4,124</td>
<td>1,259 30.0%</td>
<td>4,405</td>
<td>1,735 39.7%</td>
<td>4,046</td>
<td>2,253 55.7%</td>
<td>1,846</td>
<td>622 33.7%</td>
<td>1,937</td>
<td>752 38.8%</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>28,162</td>
<td>8,633 30.6%</td>
<td>29,083</td>
<td>9,830 33.8%</td>
<td>32,183</td>
<td>11,151 34.6%</td>
<td>34,465</td>
<td>12,906 37.4%</td>
<td>35,069</td>
<td>13,513 38.5%</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>1,847</td>
<td>546 29.6%</td>
<td>1,818</td>
<td>531 29.2%</td>
<td>1,653</td>
<td>555 33.6%</td>
<td>1,976</td>
<td>352 34.3%</td>
<td>1,922</td>
<td>362 35.4%</td>
</tr>
<tr>
<td>Total</td>
<td>29,009</td>
<td>9,179 31.2%</td>
<td>30,901</td>
<td>10,361 33.5%</td>
<td>34,836</td>
<td>11,706 34.6%</td>
<td>36,441</td>
<td>13,258 37.4%</td>
<td>36,991</td>
<td>13,875 38.4%</td>
</tr>
</tbody>
</table>

Adolescent may have been enrolled in more than one plan during the period of interest. Plan listed is the managed care plan that the adolescent was enrolled in for at least 11 months during the 12 months before their 13th birthday. Uncategorized indicates an adolescent had more measurement year 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. PCCM is Primary Care Case Management through tribal agencies. Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. HPV = at least three human papillomavirus (HPV) vaccines, or at least two HPV vaccines separated by a minimum of 146 days, on or before the adolescent's 9th and 13th birthdays. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 8.2b: Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Race/Ethnicity 2014-2018

| Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year |
| By Race/Ethnicity 2014 to 2018 |

<table>
<thead>
<tr>
<th>Year</th>
<th>Had Immunizations</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL CHILDRE N</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Had Immunizations</td>
<td>% of Total</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hispanic</th>
<th>9,082</th>
<th>3,936</th>
<th>43.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,179</td>
<td>4,472</td>
<td>43.9%</td>
</tr>
<tr>
<td></td>
<td>11,499</td>
<td>5,234</td>
<td>45.5%</td>
</tr>
<tr>
<td></td>
<td>12,518</td>
<td>5,989</td>
<td>47.8%</td>
</tr>
<tr>
<td></td>
<td>13,155</td>
<td>6,464</td>
<td>49.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not Hispanic or Ethnicity Unknown</th>
<th>12,469</th>
<th>2,995</th>
<th>24.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13,775</td>
<td>3,321</td>
<td>24.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1,341</td>
<td>628</td>
<td>46.8%</td>
</tr>
<tr>
<td>Black</td>
<td>1,960</td>
<td>690</td>
<td>35.2%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,188</td>
<td>797</td>
<td>36.4%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>2,267</td>
<td>875</td>
<td>38.6%</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,334</td>
<td>909</td>
<td>38.9%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>2,403</td>
<td>718</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>12,413</th>
<th>4,043</th>
<th>28.1%</th>
</tr>
</thead>
</table>

Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. Race/ethnicity categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent 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 (% of adolescents. 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.
### Table 9a: Well-Child Visits: Ages 31 Days-15 Months (W15), by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th></th>
<th></th>
<th>2015</th>
<th></th>
<th></th>
<th>2016</th>
<th></th>
<th></th>
<th>2017</th>
<th></th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>747</td>
<td>502</td>
<td>67.2%</td>
<td>1,093</td>
<td>776</td>
<td>71.0%</td>
<td>1,729</td>
<td>1,248</td>
<td>72.2%</td>
<td>2,184</td>
<td>1,606</td>
<td>73.5%</td>
<td>2,315</td>
<td>1,694</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>5,708</td>
<td>3,287</td>
<td>57.6%</td>
<td>3,040</td>
<td>1,958</td>
<td>64.4%</td>
<td>3,858</td>
<td>2,848</td>
<td>73.8%</td>
<td>4,489</td>
<td>3,387</td>
<td>75.5%</td>
<td>4,395</td>
<td>3,364</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>2,361</td>
<td>1,650</td>
<td>69.9%</td>
<td>2,200</td>
<td>1,561</td>
<td>71.0%</td>
<td>2,807</td>
<td>2,071</td>
<td>73.8%</td>
<td>4,147</td>
<td>3,029</td>
<td>73.0%</td>
<td>4,487</td>
<td>3,476</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>10,219</td>
<td>6,353</td>
<td>63.9%</td>
<td>7,420</td>
<td>4,842</td>
<td>66.3%</td>
<td>9,794</td>
<td>6,802</td>
<td>69.5%</td>
<td>14,386</td>
<td>9,832</td>
<td>68.3%</td>
<td>15,015</td>
<td>10,481</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>1,674</td>
<td>905</td>
<td>54.1%</td>
<td>1,965</td>
<td>1,164</td>
<td>59.2%</td>
<td>2,735</td>
<td>2,010</td>
<td>73.5%</td>
<td>3,337</td>
<td>2,420</td>
<td>72.5%</td>
<td>3,470</td>
<td>2,477</td>
</tr>
<tr>
<td>Other/Uncategorized</td>
<td>11,909</td>
<td>5,999</td>
<td>50.4%</td>
<td>18,181</td>
<td>8,775</td>
<td>48.3%</td>
<td>15,284</td>
<td>8,073</td>
<td>52.8%</td>
<td>8,923</td>
<td>4,740</td>
<td>53.1%</td>
<td>5,775</td>
<td>3,218</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>32,618</td>
<td>18,878</td>
<td>57.9%</td>
<td>33,899</td>
<td>19,076</td>
<td>56.3%</td>
<td>36,207</td>
<td>23,052</td>
<td>63.7%</td>
<td>37,464</td>
<td>25,014</td>
<td>66.8%</td>
<td>35,457</td>
<td>24,710</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>1,391</td>
<td>686</td>
<td>49.3%</td>
<td>2,028</td>
<td>838</td>
<td>41.3%</td>
<td>1,762</td>
<td>821</td>
<td>46.6%</td>
<td>947</td>
<td>384</td>
<td>40.5%</td>
<td>869</td>
<td>394</td>
</tr>
<tr>
<td>Total</td>
<td>34,009</td>
<td>19,564</td>
<td>57.5%</td>
<td>35,927</td>
<td>19,914</td>
<td>55.4%</td>
<td>37,969</td>
<td>23,873</td>
<td>62.9%</td>
<td>38,411</td>
<td>25,398</td>
<td>66.1%</td>
<td>36,326</td>
<td>25,104</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. Child may have been enrolled in more than one plan during the 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. PCCM is Primary Care Case Management through tribal agencies. Uncategorized indicates that a child had more measurement period months in managed care than in fee-for-service status but was not enrolled in a single managed care plan throughout the eligibility period. 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.
### Table 9b: Well-Child Visits: Ages 31 Days-15 Months (W15), by Race/Ethnicity 2014-2018

**Measure W15 -- Well Child Visits in the First 15 Months of Life**

Percentage With Six or More Well Visits

By Race/Ethnicity 2014 to 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity Categories</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL CHILDREN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>N</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% of Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>11,570</td>
<td>7,422</td>
<td>64.1%</td>
<td>12,163</td>
<td>7,586</td>
</tr>
<tr>
<td>6 or More Well Visits</td>
<td>12,163</td>
<td>10,159</td>
<td>58.7%</td>
<td>16,068</td>
<td>10,223</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>15,163</td>
<td>8,326</td>
<td>51.8%</td>
<td>16,080</td>
<td>8,125</td>
</tr>
<tr>
<td>Asian</td>
<td>1,244</td>
<td>1,010</td>
<td>81.1%</td>
<td>1,434</td>
<td>1,108</td>
</tr>
<tr>
<td>Black</td>
<td>2,189</td>
<td>1,305</td>
<td>59.8%</td>
<td>2,566</td>
<td>1,305</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>664</td>
<td>405</td>
<td>60.9%</td>
<td>934</td>
<td>540</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>664</td>
<td>405</td>
<td>60.9%</td>
<td>934</td>
<td>540</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,285</td>
<td>1,581</td>
<td>69.5%</td>
<td>2,189</td>
<td>1,305</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>231</td>
<td>176</td>
<td>75.8%</td>
<td>395</td>
<td>272</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34,009</td>
<td>19,564</td>
<td>57.5%</td>
<td>35,927</td>
<td>19,914</td>
</tr>
</tbody>
</table>

**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. Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. 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.**
Table 10a: Well-Child Visits: Ages 3-6 Years (W34), by Managed Care Plan 2014-2018

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

Percentage With A Well Visit
By Managed Care Plan 2014 to 2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>Had Vis</td>
<td>% of Total</td>
<td>TOTAL</td>
<td>Had Vis</td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>N</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>2,873</td>
<td>1,842</td>
<td>64.1%</td>
<td>5,997</td>
<td>3,432</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>5,828</td>
<td>3,537</td>
<td>60.8%</td>
<td>5,828</td>
<td>3,537</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>34,316</td>
<td>21,988</td>
<td>64.1%</td>
<td>50,206</td>
<td>19,091</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>10,507</td>
<td>7,206</td>
<td>68.2%</td>
<td>13,802</td>
<td>8,905</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>58,214</td>
<td>38,218</td>
<td>65.7%</td>
<td>65,748</td>
<td>42,193</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>7,281</td>
<td>4,772</td>
<td>65.0%</td>
<td>11,755</td>
<td>7,468</td>
</tr>
<tr>
<td>Native Health PCMH (mult. agencies)</td>
<td>704</td>
<td>372</td>
<td>52.8%</td>
<td>972</td>
<td>500</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>22,112</td>
<td>13,359</td>
<td>60.5%</td>
<td>17,108</td>
<td>10,358</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>136,087</td>
<td>87,749</td>
<td>64.5%</td>
<td>151,442</td>
<td>95,764</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>6,604</td>
<td>3,815</td>
<td>57.0%</td>
<td>7,112</td>
<td>4,128</td>
</tr>
<tr>
<td>Total</td>
<td>142,731</td>
<td>91,564</td>
<td>64.2%</td>
<td>158,554</td>
<td>99,892</td>
</tr>
</tbody>
</table>

Age refers to the age of the child as of December 31. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered continuously eligible. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice. Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Uncategorized indicates that a child had more measurement year 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. PCMH is Primary Care Case Management through tribal agencies.
Table 10b: Well-Child Visits: Ages 3-6 Years (W34), by Race/Ethnicity 2014-2018

Measure W34 -- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
Percentage With A Well Visit
By Race/Ethnicity 2014 to 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>Had Visit</td>
<td>TOTAL</td>
<td>Had Visit</td>
<td>TOTAL</td>
</tr>
<tr>
<td></td>
<td>CHILDRE N</td>
<td>% of Total</td>
<td>CHILDRE N</td>
<td>% of Total</td>
<td>CHILDRE N</td>
</tr>
<tr>
<td>Hispanic</td>
<td>51,471</td>
<td>35,524</td>
<td>69.0%</td>
<td>54,327</td>
<td>36,538</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>59,954</td>
<td>36,374</td>
<td>60.7%</td>
<td>69,449</td>
<td>41,876</td>
</tr>
<tr>
<td>White</td>
<td>5,212</td>
<td>3,665</td>
<td>70.3%</td>
<td>6,049</td>
<td>4,238</td>
</tr>
<tr>
<td>Asian</td>
<td>8,608</td>
<td>5,507</td>
<td>64.0%</td>
<td>10,611</td>
<td>6,762</td>
</tr>
<tr>
<td>Black</td>
<td>2,947</td>
<td>1,614</td>
<td>54.8%</td>
<td>3,852</td>
<td>2,035</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,616</td>
<td>1,614</td>
<td>54.8%</td>
<td>3,852</td>
<td>2,035</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>2,616</td>
<td>1,614</td>
<td>54.8%</td>
<td>3,852</td>
<td>2,035</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>7,171</td>
<td>4,841</td>
<td>62.5%</td>
<td>5,192</td>
<td>3,083</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>4,752</td>
<td>2,839</td>
<td>59.7%</td>
<td>5,259</td>
<td>3,170</td>
</tr>
<tr>
<td>Total</td>
<td>142,731</td>
<td>91,564</td>
<td>64.2%</td>
<td>158,554</td>
<td>99,892</td>
</tr>
</tbody>
</table>

Age refers to the age of the child as of December 31 of the measurement year. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered continuously eligible. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. 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 11a: Adolescent Well-Care Visits (AWC), by Managed Care Plan 2014-2018

Measure AWC — Adolescent Well-Care Visits
Percentage With A Well Visit
By Managed Care Plan 2014 to 2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>Had Visit</td>
<td>TOTAL</td>
<td>Had Visit</td>
<td>TOTAL</td>
</tr>
<tr>
<td></td>
<td>ELIGIBLE CHILDREN</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
<td>% of Total</td>
<td>ELIGIBLE CHILDREN</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>4,530</td>
<td>2,165</td>
<td>46.2%</td>
<td>12,594</td>
<td>4,051</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>9,913</td>
<td>3,107</td>
<td>31.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>51,779</td>
<td>18,830</td>
<td>36.4%</td>
<td>51,086</td>
<td>18,280</td>
</tr>
<tr>
<td>Coordinated Care of WA</td>
<td>16,281</td>
<td>6,255</td>
<td>38.4%</td>
<td>22,727</td>
<td>7,780</td>
</tr>
<tr>
<td>Molina Healthcare of WA Inc</td>
<td>78,541</td>
<td>53,487</td>
<td>68.6%</td>
<td>98,109</td>
<td>59,858</td>
</tr>
<tr>
<td>United Health Care Community Plan</td>
<td>12,348</td>
<td>4,652</td>
<td>37.7%</td>
<td>20,928</td>
<td>7,667</td>
</tr>
<tr>
<td>Native Health PCCM (mult. agencies)</td>
<td>1,067</td>
<td>291</td>
<td>27.3%</td>
<td>1,531</td>
<td>410</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>98,258</td>
<td>12,945</td>
<td>33.0%</td>
<td>30,036</td>
<td>10,811</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>203,604</td>
<td>78,624</td>
<td>38.2%</td>
<td>249,924</td>
<td>91,984</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>14,746</td>
<td>4,455</td>
<td>30.1%</td>
<td>15,770</td>
<td>4,717</td>
</tr>
<tr>
<td>Total</td>
<td>220,350</td>
<td>83,079</td>
<td>37.7%</td>
<td>265,694</td>
<td>96,701</td>
</tr>
</tbody>
</table>

Age refers to the age of the child as of December 31. An adolescent must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 65 days and still be considered continuously eligible. Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents in hospice. Plan listed is the managed care plan that the adolescent was enrolled in for at least 11 months during the measurement year. Uncategorized indicates that an adolescent had more measurement year 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. PCCM is Primary Care Case Management through tribal agencies. Recommended screening interval is one screening per 24-month period for 7-10 year olds. Adolescents who did not have a visit during the measurement year may still be within screening interval recommendations.
Table 11b: Adolescent Well-Care Visits (AWC), by Race/Ethnicity 2014-2018

Measure AWC -- Adolescent Well-Care Visits
Percentage With A Well Visit
By Race/Ethnicity 2014 to 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Hispanic</td>
<td>65,254</td>
<td>41.7%</td>
<td>79,195</td>
<td>40.1%</td>
<td>94,477</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>102,633</td>
<td>34.4%</td>
<td>124,123</td>
<td>33.4%</td>
<td>133,090</td>
</tr>
<tr>
<td>White</td>
<td>14,557</td>
<td>40.7%</td>
<td>18,233</td>
<td>38.2%</td>
<td>19,884</td>
</tr>
<tr>
<td>Asian</td>
<td>5,033</td>
<td>30.0%</td>
<td>6,885</td>
<td>29.9%</td>
<td>7,824</td>
</tr>
<tr>
<td>Black</td>
<td>4,329</td>
<td>37.8%</td>
<td>6,395</td>
<td>36.9%</td>
<td>7,752</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>8,035</td>
<td>38.8%</td>
<td>5,535</td>
<td>36.7%</td>
<td>6,754</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>3,117</td>
<td>36.6%</td>
<td>2,274</td>
<td>36.3%</td>
<td>14,105</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>10,239</td>
<td>36.6%</td>
<td>12,722</td>
<td>36.3%</td>
<td>14,105</td>
</tr>
<tr>
<td>Total</td>
<td>220,350</td>
<td>37.7%</td>
<td>265,694</td>
<td>36.4%</td>
<td>297,398</td>
</tr>
</tbody>
</table>

Age refers to the age of the adolescent as of December 31 of the measurement year. An adolescent must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered continuously eligible. Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. Race/ethnicity categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Recommended screening interval is one screening per 24-month period for 7-20 year olds. Adolescents who did not have a visit during the measurement year may still be within screening interval recommendations.
Table 12a: Chlamydia Screening for Washington State Women Ages 16-20 Years (CHL), by Managed Care Plan 2014-2018

Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Screened</td>
<td>% of Total</td>
<td>Total Screened</td>
<td>% of Total</td>
<td>Total Screened</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>724</td>
<td>773</td>
<td>45.8%</td>
<td>1.086</td>
<td>736</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>998</td>
<td>936</td>
<td>45.8%</td>
<td>1.226</td>
<td>1.026</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>5,230</td>
<td>2,226</td>
<td>42.6%</td>
<td>5,406</td>
<td>2,544</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>797</td>
<td>1,171</td>
<td>48.4%</td>
<td>2,709</td>
<td>1,541</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>10,886</td>
<td>5,392</td>
<td>49.7%</td>
<td>14,169</td>
<td>6,972</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>1,327</td>
<td>472</td>
<td>35.6%</td>
<td>2,358</td>
<td>1,043</td>
</tr>
<tr>
<td>Native Health PCCM</td>
<td>157</td>
<td>66</td>
<td>42.8%</td>
<td>196</td>
<td>79</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>6,776</td>
<td>3,650</td>
<td>53.9%</td>
<td>4,400</td>
<td>2,360</td>
</tr>
</tbody>
</table>

Women may have been enrolled in more than one plan over the 12-month period. Plan listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. Uncategorized indicates that a woman had more than one plan in the measurement year or in the fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for pregnant women only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, women in hospice care, and women identified as sexually active solely due to a pregnancy test and who had no claim or prescription for isotretinoin within seven days of the pregnancy test. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
### Table 12b: Chlamydia Screening for Washington State Women Ages 16-20

*Measure CHL - Chlamydia Screening for Washington State Women Ages 16 to 20 Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active*

*By Race/Ethnicity, 2014 to 2018*

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th></th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Women</td>
<td>CHL</td>
<td>% of</td>
<td>Total</td>
<td>Women</td>
<td>CHL</td>
<td>% of</td>
<td>Total</td>
<td>Women</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7,003</td>
<td>3,493</td>
<td>49.9%</td>
<td>8,237</td>
<td>4,172</td>
<td>50.6%</td>
<td>8,709</td>
<td>4,339</td>
<td>49.8%</td>
<td>9,161</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>14,889</td>
<td>6,802</td>
<td>45.7%</td>
<td>17,658</td>
<td>8,433</td>
<td>47.8%</td>
<td>17,673</td>
<td>8,417</td>
<td>47.6%</td>
<td>16,819</td>
</tr>
<tr>
<td>Asian</td>
<td>676</td>
<td>261</td>
<td>38.6%</td>
<td>847</td>
<td>374</td>
<td>44.2%</td>
<td>961</td>
<td>442</td>
<td>46.0%</td>
<td>975</td>
</tr>
<tr>
<td>Black</td>
<td>1,705</td>
<td>936</td>
<td>54.9%</td>
<td>2,112</td>
<td>1,227</td>
<td>58.1%</td>
<td>2,154</td>
<td>1,229</td>
<td>57.1%</td>
<td>2,100</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>781</td>
<td>378</td>
<td>48.4%</td>
<td>1,051</td>
<td>491</td>
<td>46.7%</td>
<td>1,074</td>
<td>523</td>
<td>48.7%</td>
<td>1,038</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>422</td>
<td>203</td>
<td>48.1%</td>
<td>564</td>
<td>261</td>
<td>46.3%</td>
<td>653</td>
<td>336</td>
<td>51.5%</td>
<td>617</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>1,256</td>
<td>630</td>
<td>50.2%</td>
<td>962</td>
<td>521</td>
<td>54.2%</td>
<td>1,051</td>
<td>549</td>
<td>52.2%</td>
<td>1,248</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>573</td>
<td>204</td>
<td>35.6%</td>
<td>762</td>
<td>297</td>
<td>39.0%</td>
<td>845</td>
<td>336</td>
<td>39.8%</td>
<td>880</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27,305</td>
<td>12,907</td>
<td>47.3%</td>
<td>32,193</td>
<td>15,776</td>
<td>49.0%</td>
<td>33,120</td>
<td>16,171</td>
<td>48.8%</td>
<td>32,838</td>
</tr>
</tbody>
</table>

*Excludes* claims for programs using state funds only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, women in hospice care, 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 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>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>Eligible Children 2013</th>
<th>Eligible Children 2014</th>
<th>Eligible Children 2015</th>
<th>Eligible Children 2016</th>
<th>Eligible Children 2017</th>
<th>Eligible Children 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am vergroup Washington Inc</td>
<td>1,451</td>
<td>1,362</td>
<td>2,445</td>
<td>2,330</td>
<td>2,096</td>
<td>2,718</td>
</tr>
<tr>
<td></td>
<td>(95.5%)</td>
<td>(95.5%)</td>
<td>(95.3%)</td>
<td>(95.3%)</td>
<td>(93.9%)</td>
<td>(93.9%)</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>1,003</td>
<td>1,245</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,104</td>
<td>6,844</td>
<td>5,750</td>
<td>5,457</td>
<td>6,168</td>
<td>5,860</td>
</tr>
<tr>
<td></td>
<td>(96.3%)</td>
<td>(94.9%)</td>
<td>(94.9%)</td>
<td>(94.9%)</td>
<td>(95.0%)</td>
<td>(95.0%)</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>3,870</td>
<td>3,681</td>
<td>4,212</td>
<td>4,011</td>
<td>4,623</td>
<td>4,428</td>
</tr>
<tr>
<td></td>
<td>(95.1%)</td>
<td>(95.2%)</td>
<td>(95.2%)</td>
<td>(95.2%)</td>
<td>(95.8%)</td>
<td>(95.8%)</td>
</tr>
<tr>
<td>Molina Healthcare of Washington Inc</td>
<td>11,172</td>
<td>12,862</td>
<td>13,782</td>
<td>13,403</td>
<td>17,594</td>
<td>16,993</td>
</tr>
<tr>
<td></td>
<td>(97.6%)</td>
<td>(97.3%)</td>
<td>(97.3%)</td>
<td>(97.3%)</td>
<td>(96.6%)</td>
<td>(96.6%)</td>
</tr>
<tr>
<td>United HealthCare Community Plan</td>
<td>3,042</td>
<td>2,844</td>
<td>3,966</td>
<td>3,734</td>
<td>4,435</td>
<td>4,179</td>
</tr>
<tr>
<td></td>
<td>(93.5%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>234</td>
<td>221</td>
<td>256</td>
<td>245</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>(94.4%)</td>
<td>(94.4%)</td>
<td>(95.7%)</td>
<td>(95.7%)</td>
<td>(98.9%)</td>
<td>(98.9%)</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>8,762</td>
<td>8,338</td>
<td>8,849</td>
<td>8,385</td>
<td>6,586</td>
<td>6,274</td>
</tr>
<tr>
<td></td>
<td>(95.2%)</td>
<td>(94.8%)</td>
<td>(94.8%)</td>
<td>(94.8%)</td>
<td>(95.3%)</td>
<td>(95.3%)</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>37,655</td>
<td>36,179</td>
<td>40,563</td>
<td>38,810</td>
<td>42,389</td>
<td>40,538</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>1,842</td>
<td>1,717</td>
<td>1,900</td>
<td>1,791</td>
<td>953</td>
<td>881</td>
</tr>
<tr>
<td></td>
<td>(96.1%)</td>
<td>(93.2%)</td>
<td>(93.2%)</td>
<td>(93.2%)</td>
<td>(92.4%)</td>
<td>(92.4%)</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>39,497</td>
<td>37,896</td>
<td>42,463</td>
<td>40,601</td>
<td>43,342</td>
<td>41,419</td>
</tr>
<tr>
<td></td>
<td>(96.0%)</td>
<td>(96.0%)</td>
<td>(95.6%)</td>
<td>(95.6%)</td>
<td>(95.9%)</td>
<td>(95.9%)</td>
</tr>
</tbody>
</table>

Table 13.1a: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12-24 Months, by Managed Care Plan 2014-2018

Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP)

For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>Eligible Children 2013</th>
<th>Eligible Children 2014</th>
<th>Eligible Children 2015</th>
<th>Eligible Children 2016</th>
<th>Eligible Children 2017</th>
<th>Eligible Children 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am vergroup Washington Inc</td>
<td>1,451</td>
<td>1,362</td>
<td>2,445</td>
<td>2,330</td>
<td>2,096</td>
<td>2,718</td>
</tr>
<tr>
<td></td>
<td>(95.5%)</td>
<td>(95.5%)</td>
<td>(95.3%)</td>
<td>(95.3%)</td>
<td>(93.9%)</td>
<td>(93.9%)</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>1,003</td>
<td>1,245</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>7,104</td>
<td>6,844</td>
<td>5,750</td>
<td>5,457</td>
<td>6,168</td>
<td>5,860</td>
</tr>
<tr>
<td></td>
<td>(96.3%)</td>
<td>(94.9%)</td>
<td>(94.9%)</td>
<td>(94.9%)</td>
<td>(95.0%)</td>
<td>(95.0%)</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>3,870</td>
<td>3,681</td>
<td>4,212</td>
<td>4,011</td>
<td>4,623</td>
<td>4,428</td>
</tr>
<tr>
<td></td>
<td>(95.1%)</td>
<td>(95.2%)</td>
<td>(95.2%)</td>
<td>(95.2%)</td>
<td>(95.8%)</td>
<td>(95.8%)</td>
</tr>
<tr>
<td>Molina Healthcare of Washington Inc</td>
<td>11,172</td>
<td>12,862</td>
<td>13,782</td>
<td>13,403</td>
<td>17,594</td>
<td>16,993</td>
</tr>
<tr>
<td></td>
<td>(97.6%)</td>
<td>(97.3%)</td>
<td>(97.3%)</td>
<td>(97.3%)</td>
<td>(96.6%)</td>
<td>(96.6%)</td>
</tr>
<tr>
<td>United HealthCare Community Plan</td>
<td>3,042</td>
<td>2,844</td>
<td>3,966</td>
<td>3,734</td>
<td>4,435</td>
<td>4,179</td>
</tr>
<tr>
<td></td>
<td>(93.5%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
<td>(94.2%)</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>234</td>
<td>221</td>
<td>256</td>
<td>245</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>(94.4%)</td>
<td>(94.4%)</td>
<td>(95.7%)</td>
<td>(95.7%)</td>
<td>(98.9%)</td>
<td>(98.9%)</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>8,762</td>
<td>8,338</td>
<td>8,849</td>
<td>8,385</td>
<td>6,586</td>
<td>6,274</td>
</tr>
<tr>
<td></td>
<td>(95.2%)</td>
<td>(94.8%)</td>
<td>(94.8%)</td>
<td>(94.8%)</td>
<td>(95.3%)</td>
<td>(95.3%)</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>37,655</td>
<td>36,179</td>
<td>40,563</td>
<td>38,810</td>
<td>42,389</td>
<td>40,538</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>1,842</td>
<td>1,717</td>
<td>1,900</td>
<td>1,791</td>
<td>953</td>
<td>881</td>
</tr>
<tr>
<td></td>
<td>(96.1%)</td>
<td>(93.2%)</td>
<td>(93.2%)</td>
<td>(93.2%)</td>
<td>(92.4%)</td>
<td>(92.4%)</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>39,497</td>
<td>37,896</td>
<td>42,463</td>
<td>40,601</td>
<td>43,342</td>
<td>41,419</td>
</tr>
<tr>
<td></td>
<td>(96.0%)</td>
<td>(96.0%)</td>
<td>(95.6%)</td>
<td>(95.6%)</td>
<td>(95.9%)</td>
<td>(95.9%)</td>
</tr>
</tbody>
</table>

Child may have been enrolled in more than one plan over the 12-month period. Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. Unassigned indicates that a child had more measurement year 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. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, hospital service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 13.1b: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12-24 Months, by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP)</th>
<th>By Race/Ethnicity 2014-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>13,007</td>
<td>12,677</td>
<td>97.5%</td>
<td>13,815</td>
<td>13,388</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>17,998</td>
<td>17,126</td>
<td>95.2%</td>
<td>19,385</td>
<td>18,412</td>
</tr>
<tr>
<td>White</td>
<td>1,493</td>
<td>1,447</td>
<td>96.9%</td>
<td>1,723</td>
<td>1,651</td>
</tr>
<tr>
<td>Asian</td>
<td>2,562</td>
<td>2,449</td>
<td>95.6%</td>
<td>3,013</td>
<td>2,887</td>
</tr>
<tr>
<td>Black</td>
<td>796</td>
<td>753</td>
<td>94.6%</td>
<td>933</td>
<td>879</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>846</td>
<td>802</td>
<td>94.8%</td>
<td>1,211</td>
<td>1,128</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>2,319</td>
<td>2,239</td>
<td>96.6%</td>
<td>1,723</td>
<td>1,652</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>456</td>
<td>403</td>
<td>88.4%</td>
<td>660</td>
<td>604</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>39,477</td>
<td>37,896</td>
<td>96.0%</td>
<td>42,463</td>
<td>40,601</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.
Table 13.2a: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months-6 Years, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup Washington Inc</td>
<td>3,677</td>
<td>3,006</td>
<td>81.8%</td>
<td>7,914</td>
<td>6,186</td>
<td>78.2%</td>
<td>10,128</td>
<td>8,174</td>
<td>80.7%</td>
<td>11,666</td>
<td>9,374</td>
<td>80.4%</td>
<td>12,651</td>
<td>10,278</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>7,062</td>
<td>5,978</td>
<td>84.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>41,216</td>
<td>35,151</td>
<td>85.3%</td>
<td>35,948</td>
<td>29,969</td>
<td>83.4%</td>
<td>33,831</td>
<td>28,014</td>
<td>82.8%</td>
<td>31,425</td>
<td>26,112</td>
<td>83.1%</td>
<td>27,108</td>
<td>22,858</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>13,268</td>
<td>11,352</td>
<td>85.6%</td>
<td>17,848</td>
<td>15,233</td>
<td>85.3%</td>
<td>20,759</td>
<td>17,623</td>
<td>84.9%</td>
<td>26,772</td>
<td>22,972</td>
<td>85.8%</td>
<td>25,745</td>
<td>22,131</td>
</tr>
<tr>
<td>Molina Healthcare of Washington Inc</td>
<td>71,152</td>
<td>63,255</td>
<td>88.9%</td>
<td>79,574</td>
<td>69,878</td>
<td>87.8%</td>
<td>91,964</td>
<td>80,473</td>
<td>85.4%</td>
<td>94,172</td>
<td>81,028</td>
<td>86.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>9,179</td>
<td>7,592</td>
<td>82.7%</td>
<td>15,255</td>
<td>12,496</td>
<td>81.9%</td>
<td>18,741</td>
<td>15,191</td>
<td>81.1%</td>
<td>20,613</td>
<td>16,809</td>
<td>81.5%</td>
<td>20,741</td>
<td>17,143</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>892</td>
<td>747</td>
<td>83.7%</td>
<td>1,248</td>
<td>1,048</td>
<td>84.0%</td>
<td>1,096</td>
<td>916</td>
<td>83.6%</td>
<td>804</td>
<td>659</td>
<td>82.0%</td>
<td>505</td>
<td>420</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>27,814</td>
<td>23,042</td>
<td>82.8%</td>
<td>21,481</td>
<td>17,639</td>
<td>82.1%</td>
<td>18,694</td>
<td>15,784</td>
<td>84.4%</td>
<td>10,359</td>
<td>8,855</td>
<td>85.5%</td>
<td>11,542</td>
<td>9,921</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>167,198</td>
<td>144,145</td>
<td>86.2%</td>
<td>186,330</td>
<td>158,427</td>
<td>85.0%</td>
<td>195,213</td>
<td>164,677</td>
<td>84.4%</td>
<td>195,833</td>
<td>165,254</td>
<td>84.4%</td>
<td>192,464</td>
<td>163,779</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>8,083</td>
<td>6,703</td>
<td>82.9%</td>
<td>8,655</td>
<td>7,229</td>
<td>83.5%</td>
<td>4,705</td>
<td>3,828</td>
<td>81.4%</td>
<td>4,591</td>
<td>3,747</td>
<td>81.6%</td>
<td>4,614</td>
<td>3,879</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>175,281</td>
<td>150,848</td>
<td>86.1%</td>
<td>194,985</td>
<td>165,656</td>
<td>85.0%</td>
<td>199,918</td>
<td>168,505</td>
<td>84.3%</td>
<td>200,424</td>
<td>169,001</td>
<td>84.3%</td>
<td>197,078</td>
<td>167,658</td>
</tr>
</tbody>
</table>

Child may have been enrolled in more than one plan over the 12-month period. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a child had more measurement year 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. **PCCM** is Primary Care Case Management through tribal agencies. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care. **Eligible children** were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP with a one-month gap allowed during the measurement year.

**PCP Visit** refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. **Visits may be underreported** for managed care plans with comprehensive coverage that is not captured in individual encounter records.
Table 13.2b: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months-6 Years, by Race/Ethnicity 2014-2018

| Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP) By Race/Ethnicity 2014-2018 |
| For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP |

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>63,213</td>
<td>55,845</td>
<td>88.3%</td>
<td>67,104</td>
<td>58,721</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>72,870</td>
<td>61,866</td>
<td>84.9%</td>
<td>83,829</td>
<td>70,285</td>
</tr>
<tr>
<td>White</td>
<td>5,956</td>
<td>5,255</td>
<td>88.2%</td>
<td>7,043</td>
<td>6,146</td>
</tr>
<tr>
<td>Asian</td>
<td>3,303</td>
<td>2,784</td>
<td>84.3%</td>
<td>4,248</td>
<td>3,558</td>
</tr>
<tr>
<td>Black</td>
<td>9,951</td>
<td>8,445</td>
<td>84.9%</td>
<td>12,039</td>
<td>10,129</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,999</td>
<td>2,404</td>
<td>80.2%</td>
<td>4,133</td>
<td>3,154</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>11,819</td>
<td>10,119</td>
<td>85.6%</td>
<td>10,795</td>
<td>9,048</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>5,170</td>
<td>4,130</td>
<td>79.9%</td>
<td>5,794</td>
<td>4,615</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>5,170</td>
<td>4,130</td>
<td>79.9%</td>
<td>5,794</td>
<td>4,615</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>175,281</td>
<td>150,848</td>
<td>86.1%</td>
<td>194,985</td>
<td>165,656</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.
Table 13.3a: Child and Adolescent Access to Primary Care Practitioners (PCP): Ages 7-11 Years, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child Had</td>
<td>Eligible Childre</td>
<td>n with PCP Visit</td>
<td>Child Had</td>
<td>Eligible Childre</td>
</tr>
<tr>
<td></td>
<td>2012 or 2013</td>
<td>(N)</td>
<td>(N)</td>
<td>2013 or 2014</td>
<td>(N)</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>1,871</td>
<td>1,616</td>
<td>86.4%</td>
<td>4,639</td>
<td>3,919</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>38,355</td>
<td>34,346</td>
<td>89.5%</td>
<td>33,834</td>
<td>30,297</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>9,682</td>
<td>8,802</td>
<td>90.9%</td>
<td>13,448</td>
<td>12,021</td>
</tr>
<tr>
<td>Molina Healthcare of Washington Inc</td>
<td>62,069</td>
<td>56,877</td>
<td>91.6%</td>
<td>71,742</td>
<td>65,795</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>5,977</td>
<td>5,257</td>
<td>88.0%</td>
<td>10,351</td>
<td>9,014</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>640</td>
<td>550</td>
<td>85.9%</td>
<td>792</td>
<td>679</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>16,451</td>
<td>14,559</td>
<td>88.5%</td>
<td>11,425</td>
<td>10,096</td>
</tr>
</tbody>
</table>

| Medicaid Managed Care                           | 135,045 | 122,007 | 90.3% | 153,088 | 137,831 | 90.0% | 176,386 | 157,287 | 89.2% | 180,409 | 160,012 | 88.7% | 176,623 | 157,330 | 89.1% |
| Medicaid Fee for Service                        | 7,844 | 6,682 | 85.2% | 8,371 | 7,171 | 85.7% | 4,538 | 3,926 | 86.5% | 4,748 | 4,136 | 87.1% | 4,889 | 4,282 | 87.6% |

| Total Medicaid                                   | 142,889 | 128,689 | 90.1% | 161,549 | 145,002 | 89.8% | 180,924 | 161,213 | 89.1% | 185,157 | 164,148 | 88.7% | 181,512 | 161,612 | 89.0% |

Child may have been enrolled in more than one plan over the 12-month period. Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year and the year prior. **Uncategorized** indicates that a child had more measurement 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 in the measurement year and in the year prior. **PCCM** is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year and the year prior.

**PCP Visit** refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. **Visits may be underreported** for managed care plans with comprehensive coverage that is not captured in individual encounter records.
### Table 13.3b: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 7-11 Years, by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP</td>
<td>Eligible Children (N)</td>
<td>Eligible Children with PCP Visit (%)</td>
<td>Eligible Children (N)</td>
<td>Eligible Children with PCP Visit (%)</td>
<td>Eligible Children (N)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>54,956</td>
<td>92.2%</td>
<td>61,203</td>
<td>91.5%</td>
<td>67,610</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>55,974</td>
<td>88.9%</td>
<td>64,441</td>
<td>88.0%</td>
<td>74,491</td>
</tr>
<tr>
<td>White</td>
<td>4,693</td>
<td>90.5%</td>
<td>5,901</td>
<td>90.3%</td>
<td>6,666</td>
</tr>
<tr>
<td>Black</td>
<td>8,080</td>
<td>88.4%</td>
<td>9,420</td>
<td>88.9%</td>
<td>11,605</td>
</tr>
<tr>
<td>Asian</td>
<td>2,795</td>
<td>87.7%</td>
<td>3,317</td>
<td>87.2%</td>
<td>4,388</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,430</td>
<td>83.6%</td>
<td>2,952</td>
<td>84.0%</td>
<td>4,123</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>8,327</td>
<td>89.2%</td>
<td>7,976</td>
<td>89.9%</td>
<td>6,237</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>5,634</td>
<td>87.6%</td>
<td>6,249</td>
<td>86.8%</td>
<td>6,728</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>142,889</td>
<td>90.1%</td>
<td>128,680</td>
<td>88.9%</td>
<td>161,459</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

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

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**Child Health Services: Provider Performance**  
**September 30, 2020**
### Table 13.4a: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12-19 Years, by Managed Care Plan 2014-2018

**Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP)**

**By Managed Care Plan 2014-2018**

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

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child Had PCP Visit</td>
<td>Eligible Children N</td>
<td>Child Had PCP Visit</td>
<td>Eligible Children N</td>
<td>Child Had PCP Visit</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>2,540</td>
<td>2,138</td>
<td>84.2%</td>
<td>6,267</td>
<td>5,309</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>8,325</td>
<td>7,221</td>
<td>86.7%</td>
<td>12,665</td>
<td>10,880</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>45,374</td>
<td>39,952</td>
<td>88.1%</td>
<td>40,179</td>
<td>35,356</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>10,921</td>
<td>9,757</td>
<td>89.3%</td>
<td>15,679</td>
<td>13,776</td>
</tr>
<tr>
<td>Molina Healthcare of Washington Inc</td>
<td>69,224</td>
<td>63,397</td>
<td>91.6%</td>
<td>80,123</td>
<td>73,150</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>7,159</td>
<td>6,168</td>
<td>86.2%</td>
<td>12,665</td>
<td>10,880</td>
</tr>
<tr>
<td>Native Health PCCM (multiple agencies)</td>
<td>799</td>
<td>689</td>
<td>86.2%</td>
<td>980</td>
<td>863</td>
</tr>
<tr>
<td>Uncategorized</td>
<td>20,271</td>
<td>17,792</td>
<td>87.8%</td>
<td>15,949</td>
<td>14,064</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care</td>
<td>156,288</td>
<td>139,893</td>
<td>89.5%</td>
<td>180,167</td>
<td>160,619</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>11,121</td>
<td>9,481</td>
<td>85.3%</td>
<td>11,709</td>
<td>10,044</td>
</tr>
<tr>
<td>Total Medicaid</td>
<td>167,409</td>
<td>149,374</td>
<td>89.2%</td>
<td>191,876</td>
<td>170,663</td>
</tr>
</tbody>
</table>

Child may have been enrolled in more than one plan over the 12-month period. Plan listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year and the year prior. **Uncategorized** indicates that a child had more measurement 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 in the measurement year and in the year prior. **PCCM** is Primary Care Case Management through tribal agencies. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice care. **Eligible children** were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP with a one-month gap allowed during the measurement year and the year prior.

**PCP Visit** refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. **Visits may be underreported** for managed care plans with comprehensive coverage that is not captured in individual encounter records.
Table 13.4b: Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12-19 Years, by Race/Ethnicity 2014-2018

Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP) By Race/Ethnicity 2014-2018

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>53,532</td>
<td>48,754</td>
<td>91.1%</td>
<td>61,846</td>
<td>56,057</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>74,793</td>
<td>66,320</td>
<td>88.7%</td>
<td>85,646</td>
<td>75,647</td>
</tr>
<tr>
<td>White</td>
<td>6,681</td>
<td>5,859</td>
<td>87.7%</td>
<td>8,467</td>
<td>7,475</td>
</tr>
<tr>
<td>Asian</td>
<td>10,584</td>
<td>9,358</td>
<td>88.4%</td>
<td>11,889</td>
<td>10,471</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>3,491</td>
<td>3,130</td>
<td>89.7%</td>
<td>4,158</td>
<td>3,744</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>2,882</td>
<td>2,417</td>
<td>83.9%</td>
<td>3,516</td>
<td>2,974</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>9,131</td>
<td>8,169</td>
<td>89.5%</td>
<td>8,545</td>
<td>7,611</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>6,315</td>
<td>5,367</td>
<td>85.0%</td>
<td>7,809</td>
<td>6,684</td>
</tr>
</tbody>
</table>

Total Medicaid

167,409 | 149,374 | 89.2%  | 191,876 | 170,663 | 88.9%  | 214,957 | 190,625 | 88.7%  | 223,100 | 197,550 | 88.5%  | 225,201 | 199,820 | 88.7%  

Excludes children/adolescents with eligibility for programs using state funds only, those 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 not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

PCP Visit refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the year prior.
Table 14.0a: Ambulatory Care – Emergency Department Visits (AMB): Ages 0-19 Years, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total ED</td>
<td>Total Elig</td>
<td>Visits</td>
<td>Total ED</td>
<td>Total Elig</td>
</tr>
<tr>
<td></td>
<td>Visits</td>
<td>Months</td>
<td>per 1,000 Mths</td>
<td>Visits</td>
<td>Months</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>13,263</td>
<td>362,024</td>
<td>36.6</td>
<td>20,044</td>
<td>497,475</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>84,047</td>
<td>2,198,514</td>
<td>38.2</td>
<td>78,535</td>
<td>1,885,399</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>36,993</td>
<td>823,156</td>
<td>44.9</td>
<td>41,390</td>
<td>909,472</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>134,620</td>
<td>3,507,725</td>
<td>38.4</td>
<td>147,887</td>
<td>3,815,868</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>24,510</td>
<td>669,871</td>
<td>36.6</td>
<td>32,018</td>
<td>852,728</td>
</tr>
<tr>
<td>Native Health PCCM (mult. agencies)</td>
<td>3,044</td>
<td>60,297</td>
<td>50.5</td>
<td>3,274</td>
<td>62,935</td>
</tr>
</tbody>
</table>

Medicaid Managed Care                        | 296,477    | 7,621,587  | 38.9       | 334,295    | 8,414,800  | 39.7       | 350,479    | 9,117,712  | 38.4       | 343,018    | 9,387,173  | 36.5       | 333,427    | 9,292,547  | 35.9       |
Medicaid Fee for Service                     | 41,621     | 947,373    | 43.9       | 36,325     | 804,273    | 45.2       | 19,694     | 450,601    | 43.7       | 12,431     | 305,751    | 40.7       | 11,797     | 307,319    | 38.4       |
Total                                        | 338,098    | 8,568,960  | 39.5       | 370,620    | 9,219,073  | 40.2       | 370,173    | 9,568,313  | 38.7       | 355,449    | 9,692,924  | 36.7       | 345,224    | 9,599,866  | 36.0       |

Excludes: children with eligibility for programs using state funds only, 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. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.
<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Not Hispanic or Ethnicity Unknown</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>American Indian/Alaska Native</th>
<th>Hawaiian/Pacific Islander</th>
<th>More Than One Race</th>
<th>Other/Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>119,177</td>
<td>2,733,347</td>
<td>141,772</td>
<td>5,087</td>
<td>21,935</td>
<td>8,122</td>
<td>6,166</td>
<td>25,678</td>
<td>10,161</td>
<td>338,098</td>
</tr>
<tr>
<td></td>
<td>2,733,347</td>
<td>43.6</td>
<td>3,828,102</td>
<td>17.4</td>
<td>480,860</td>
<td>174,221</td>
<td>161,945</td>
<td>588,763</td>
<td>309,164</td>
<td>5,668,960</td>
</tr>
<tr>
<td>2015</td>
<td>130,159</td>
<td>2,924,148</td>
<td>156,719</td>
<td>5,726</td>
<td>24,641</td>
<td>193,106</td>
<td>189,344</td>
<td>582,072</td>
<td>327,712</td>
<td>3,701,620</td>
</tr>
<tr>
<td></td>
<td>2,924,148</td>
<td>44.5</td>
<td>4,130,353</td>
<td>18.5</td>
<td>515,268</td>
<td>199,724</td>
<td>201,032</td>
<td>629,072</td>
<td>302,114</td>
<td>3,921,073</td>
</tr>
<tr>
<td>2016</td>
<td>130,909</td>
<td>3,033,215</td>
<td>157,630</td>
<td>5,372</td>
<td>22,782</td>
<td>199,724</td>
<td>189,344</td>
<td>571,524</td>
<td>307,712</td>
<td>3,870,173</td>
</tr>
<tr>
<td></td>
<td>3,033,215</td>
<td>43.2</td>
<td>4,276,746</td>
<td>17.0</td>
<td>531,487</td>
<td>205,398</td>
<td>210,032</td>
<td>650,524</td>
<td>305,422</td>
<td>3,992,513</td>
</tr>
<tr>
<td>2017</td>
<td>124,610</td>
<td>3,068,159</td>
<td>152,928</td>
<td>5,379</td>
<td>21,468</td>
<td>205,398</td>
<td>218,847</td>
<td>655,574</td>
<td>302,114</td>
<td>3,554,449</td>
</tr>
<tr>
<td></td>
<td>3,068,159</td>
<td>40.6</td>
<td>4,320,016</td>
<td>17.0</td>
<td>540,839</td>
<td>212,355</td>
<td>234,032</td>
<td>639,552</td>
<td>295,422</td>
<td>3,802,924</td>
</tr>
<tr>
<td>2018</td>
<td>120,443</td>
<td>3,029,740</td>
<td>148,729</td>
<td>5,253</td>
<td>21,177</td>
<td>212,355</td>
<td>221,782</td>
<td>639,552</td>
<td>295,422</td>
<td>3,452,224</td>
</tr>
<tr>
<td></td>
<td>3,029,740</td>
<td>39.8</td>
<td>4,277,789</td>
<td>17.3</td>
<td>303,956</td>
<td>211,772</td>
<td>221,782</td>
<td>639,552</td>
<td>295,422</td>
<td>3,999,866</td>
</tr>
</tbody>
</table>

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 2014-2018

Table 14.0b: Ambulatory Care – Emergency Department Visits (AMB): Ages 0-19 Years, by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Not Hispanic or Ethnicity Unknown</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>American Indian/Alaska Native</th>
<th>Hawaiian/Pacific Islander</th>
<th>More Than One Race</th>
<th>Other/Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>119,177</td>
<td>2,733,347</td>
<td>141,772</td>
<td>5,087</td>
<td>21,935</td>
<td>8,122</td>
<td>6,166</td>
<td>25,678</td>
<td>10,161</td>
<td>338,098</td>
</tr>
<tr>
<td>2015</td>
<td>130,159</td>
<td>2,924,148</td>
<td>156,719</td>
<td>5,726</td>
<td>24,641</td>
<td>193,106</td>
<td>189,344</td>
<td>588,763</td>
<td>309,164</td>
<td>3,701,620</td>
</tr>
<tr>
<td>2016</td>
<td>130,909</td>
<td>3,033,215</td>
<td>157,630</td>
<td>5,372</td>
<td>22,782</td>
<td>199,724</td>
<td>189,344</td>
<td>582,072</td>
<td>327,712</td>
<td>3,870,173</td>
</tr>
<tr>
<td>2017</td>
<td>124,610</td>
<td>3,068,159</td>
<td>152,928</td>
<td>5,379</td>
<td>21,468</td>
<td>205,398</td>
<td>210,032</td>
<td>629,072</td>
<td>302,114</td>
<td>3,554,449</td>
</tr>
<tr>
<td>2018</td>
<td>120,443</td>
<td>3,029,740</td>
<td>148,729</td>
<td>5,253</td>
<td>21,177</td>
<td>212,355</td>
<td>221,782</td>
<td>650,524</td>
<td>302,114</td>
<td>3,452,224</td>
</tr>
</tbody>
</table>

Excludes: children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.
Table 14.1a: Ambulatory Care – Emergency Department Visits (AMB): Ages 0-1 Year, by Managed Care Plan 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total ED Visits</td>
<td>Total ED Visits per 1,000 Mths</td>
<td>Total ED Visits</td>
<td>Total ED Visits per 1,000 Mths</td>
<td>Total ED Visits</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>2,505</td>
<td>35.354</td>
<td>70.9</td>
<td>3,161</td>
<td>42.892</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>1,800</td>
<td>21.801</td>
<td>59.6</td>
<td>7,599</td>
<td>95.795</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>109,776</td>
<td>68,160</td>
<td>111.1</td>
<td>5,868</td>
<td>64.447</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>207,004</td>
<td>262,255</td>
<td>71.2</td>
<td>18,858</td>
<td>275,568</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>316,674</td>
<td>2,067</td>
<td>108.2</td>
<td>4,177</td>
<td>5,772</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>4,177</td>
<td>50,727</td>
<td>69.1</td>
<td>4,668</td>
<td>65,768</td>
</tr>
<tr>
<td>Native Health PCCM (multi-agency)</td>
<td>483</td>
<td>4,267</td>
<td>102.8</td>
<td>476</td>
<td>4,271</td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, 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. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid paid amount, or visits that result in an inpatient stay. Rates calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.
Table 14.1b: Ambulatory Care – Emergency Department Visits (AMB): Ages 0-1 Year, by Race/Ethnicity 2014-2018

**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 2014-2018

<table>
<thead>
<tr>
<th>Race/Ethnicity Categories</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>15,524</td>
<td>165,179</td>
<td>93.9</td>
<td>16,287</td>
<td>164,915</td>
<td>98.8</td>
<td>16,071</td>
<td>165,545</td>
<td>97.1</td>
<td>14,364</td>
<td>152,344</td>
<td>94.3</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>15,286</td>
<td>251,327</td>
<td>60.8</td>
<td>19,510</td>
<td>310,827</td>
<td>62.8</td>
<td>19,439</td>
<td>322,529</td>
<td>60.3</td>
<td>19,840</td>
<td>329,438</td>
<td>60.2</td>
</tr>
<tr>
<td>Asian</td>
<td>640</td>
<td>13,877</td>
<td>46.1</td>
<td>659</td>
<td>13,920</td>
<td>47.3</td>
<td>557</td>
<td>14,006</td>
<td>39.8</td>
<td>620</td>
<td>14,152</td>
<td>43.8</td>
</tr>
<tr>
<td>Black</td>
<td>2,932</td>
<td>31,763</td>
<td>92.3</td>
<td>3,032</td>
<td>33,398</td>
<td>90.8</td>
<td>2,717</td>
<td>31,815</td>
<td>85.4</td>
<td>2,429</td>
<td>30,371</td>
<td>80.0</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1,070</td>
<td>11,257</td>
<td>95.1</td>
<td>1,142</td>
<td>11,428</td>
<td>99.9</td>
<td>1,147</td>
<td>11,744</td>
<td>97.7</td>
<td>1,278</td>
<td>13,336</td>
<td>95.8</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>1,204</td>
<td>11,696</td>
<td>102.9</td>
<td>1,407</td>
<td>13,556</td>
<td>103.8</td>
<td>1,477</td>
<td>14,613</td>
<td>101.1</td>
<td>1,243</td>
<td>12,946</td>
<td>96.0</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>3,318</td>
<td>39,363</td>
<td>84.3</td>
<td>2,888</td>
<td>35,064</td>
<td>82.4</td>
<td>2,879</td>
<td>33,959</td>
<td>84.8</td>
<td>2,542</td>
<td>31,636</td>
<td>80.4</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>2,375</td>
<td>38,611</td>
<td>61.5</td>
<td>272</td>
<td>5,570</td>
<td>48.8</td>
<td>269</td>
<td>6,493</td>
<td>41.4</td>
<td>382</td>
<td>6,847</td>
<td>55.8</td>
</tr>
</tbody>
</table>

**Total**                  | **42,349**     | **563,273**      | **75.2**             | **45,197**     | **588,678**      | **76.8**             | **44,556**     | **600,704**      | **74.2**             | **42,698**     | **591,070**      | **72.2**             |

**Total for 2014-2018**    | **39,958**     | **565,058**      | **70.7**             | **42,698**     | **591,070**      | **72.2**             | **39,958**     | **565,058**      | **70.7**             |

**Excludes** children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was used as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid paid amount, or visits that result in an inpatient stay.
### Table 14.2a: Ambulatory Care – Emergency Department Visits (AMB): Ages 1-9 Years, by Managed Care Plan 2014-2018

**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 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total ED Visits</td>
<td>Total Elig Months</td>
<td>Visits per 1,000 Mths</td>
<td>Total ED Visits</td>
<td>Total Elig Months</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>5,921</td>
<td>165,398</td>
<td>35.8</td>
<td>9,889</td>
<td>240,257</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>5,778</td>
<td>197,039</td>
<td>29.3</td>
<td>37,301</td>
<td>905,768</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>45,296</td>
<td>1,134,350</td>
<td>39.9</td>
<td>41,139</td>
<td>947,323</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>19,060</td>
<td>415,943</td>
<td>45.8</td>
<td>22,291</td>
<td>469,287</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>74,251</td>
<td>1,885,610</td>
<td>39.4</td>
<td>85,567</td>
<td>2,321,898</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>12,210</td>
<td>327,326</td>
<td>37.3</td>
<td>17,636</td>
<td>494,017</td>
</tr>
<tr>
<td>Native Health PCCM (mult. agencies)</td>
<td>1,623</td>
<td>31,525</td>
<td>51.5</td>
<td>1,237</td>
<td>25,432</td>
</tr>
</tbody>
</table>

**Medicaid Managed Care**

<table>
<thead>
<tr>
<th>Medicaid Managed Care</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
<th>Total ED Visits</th>
<th>Total Elig Months</th>
<th>Visits per 1,000 Mths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Managed Care</td>
<td>158,361</td>
<td>3,960,152</td>
<td>40.0</td>
<td>176,353</td>
<td>4,315,038</td>
<td>40.9</td>
<td>179,498</td>
<td>4,621,547</td>
<td>38.8</td>
<td>173,640</td>
<td>4,702,751</td>
<td>36.9</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>17,473</td>
<td>425,703</td>
<td>41.0</td>
<td>14,300</td>
<td>353,662</td>
<td>40.4</td>
<td>7,840</td>
<td>195,141</td>
<td>40.2</td>
<td>5,079</td>
<td>133,812</td>
<td>38.0</td>
</tr>
<tr>
<td>Total</td>
<td>175,834</td>
<td>4,385,855</td>
<td>40.1</td>
<td>190,653</td>
<td>4,668,700</td>
<td>40.8</td>
<td>187,338</td>
<td>4,816,688</td>
<td>38.9</td>
<td>178,719</td>
<td>4,836,563</td>
<td>37.0</td>
</tr>
</tbody>
</table>

**Excludes:**
- Children with eligibility for programs using state funds only, 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.
- PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.

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Child Health Services: Provider Performance

September 30, 2020
Table 14.2b: Ambulatory Care – Emergency Department Visits (AMB): Ages 1-9 Years, by Race/Ethnicity 2014-2018

<table>
<thead>
<tr>
<th>Measure AMB - Ambulatory Care -- Emergency Department Visits</th>
<th>Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month</th>
<th>Emergency Visits per 1,000 Months of Eligibility 2014-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Total ED Visits</td>
<td>Total Elig Months</td>
<td>Visits per 1,000</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td>66,033</td>
<td>1,466,202</td>
</tr>
<tr>
<td>White</td>
<td>70,048</td>
<td>1,935,432</td>
</tr>
<tr>
<td>Asian</td>
<td>2,925</td>
<td>127,855</td>
</tr>
<tr>
<td>Black</td>
<td>10,743</td>
<td>232,283</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>3,918</td>
<td>85,733</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>5,196</td>
<td>77,704</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>14,122</td>
<td>321,903</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>4,849</td>
<td>188,743</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175,834</strong></td>
<td><strong>4,385,855</strong></td>
</tr>
</tbody>
</table>

Excludes children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.
Table 14.3a: Ambulatory Care – Emergency Department Visits (AMB): Ages 10-19 Years by Managed Care Plan 2014-2018

**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 2014-2018

<table>
<thead>
<tr>
<th>Medicaid Managed Care Plan</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total ED Visits</td>
<td>Total Elig Months</td>
<td>Visits per 1,000 Mths</td>
<td>Total ED Visits</td>
<td>Total Elig Months</td>
</tr>
<tr>
<td>Amerigroup Washington Inc</td>
<td>4,837</td>
<td>161,272</td>
<td>30.0</td>
<td>6,994</td>
<td>214,326</td>
</tr>
<tr>
<td>Columbia United Providers</td>
<td>4,069</td>
<td>172,083</td>
<td>23.6</td>
<td>29,403</td>
<td>842,281</td>
</tr>
<tr>
<td>Community Health Plan of WA</td>
<td>30,183</td>
<td>954,388</td>
<td>31.6</td>
<td>294,03</td>
<td>842,281</td>
</tr>
<tr>
<td>Coordinated Care of Washington</td>
<td>11,690</td>
<td>339,053</td>
<td>34.5</td>
<td>13,231</td>
<td>375,738</td>
</tr>
<tr>
<td>Molina Healthcare of WA</td>
<td>46,354</td>
<td>1,432,598</td>
<td>32.4</td>
<td>53,291</td>
<td>1,609,363</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>8,173</td>
<td>282,818</td>
<td>28.9</td>
<td>10,660</td>
<td>358,404</td>
</tr>
<tr>
<td>Native Health PCCM (mult. agencies)</td>
<td>938</td>
<td>24,205</td>
<td>38.8</td>
<td>1,093</td>
<td>25,887</td>
</tr>
</tbody>
</table>

| Medicaid Managed Care | 102,175 | 3,194,334 | 32.0 | 118,741 | 3,598,082 | 33.0 | 129,455 | 3,943,513 | 32.8 | 128,207 | 4,120,510 | 31.1 | 127,689 | 4,154,603 | 30.7 |
| Medicaid Fee for Service | 17,740 | 425,498 | 41.7 | 16,029 | 363,613 | 44.1 | 8,824 | 207,408 | 42.5 | 5,825 | 144,781 | 40.2 | 5,416 | 146,916 | 36.9 |
| Total | 119,915 | 3,619,832 | 33.1 | 134,770 | 3,961,695 | 34.0 | 138,279 | 4,150,921 | 33.3 | 134,032 | 4,265,291 | 31.4 | 133,105 | 4,301,519 | 30.9 |

**Excludes:** children with eligibility for programs using state funds only, 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. *PCCM* is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.
Table 14.3b: Ambulatory Care – Emergency Department Visits (AMB): Ages 10-19 Years by Race/Ethnicity 2014-2018

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014 Total ED Visits</th>
<th>2015 Total ED Visits</th>
<th>2016 Total ED Visits</th>
<th>2017 Total ED Visits</th>
<th>2018 Total ED Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>per 1,000 Mths</td>
<td>per 1,000 Mths</td>
<td>per 1,000 Mths</td>
<td>per 1,000 Mths</td>
<td>per 1,000 Mths</td>
</tr>
<tr>
<td>Hispanic</td>
<td>37,620</td>
<td>1,101,766</td>
<td>43,398</td>
<td>1,230,783</td>
<td>45,766</td>
</tr>
<tr>
<td>Not Hispanic or Ethnicity Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>56,438</td>
<td>1,641,343</td>
<td>61,995</td>
<td>1,767,260</td>
<td>62,271</td>
</tr>
<tr>
<td>Black</td>
<td>1,522</td>
<td>150,826</td>
<td>1,742</td>
<td>161,318</td>
<td>1,780</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>8,260</td>
<td>216,814</td>
<td>8,978</td>
<td>230,549</td>
<td>8,570</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>1,594</td>
<td>227,497</td>
<td>9,488</td>
<td>254,903</td>
<td>10,346</td>
</tr>
<tr>
<td>More Than One Race</td>
<td>8,238</td>
<td>227,497</td>
<td>9,488</td>
<td>254,903</td>
<td>10,346</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>2,937</td>
<td>131,810</td>
<td>3,423</td>
<td>146,290</td>
<td>3,615</td>
</tr>
</tbody>
</table>

Total 119,915  3,619,832  33.1 134,770  3,961,695  34.0 138,279  4,150,921  33.3 134,032  4,265,291  31.4 133,105  4,301,519  30.9

Excludes children with eligibility for programs using state funds only, 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 not known and the child had a Medicaid ID in the First Steps Database, mother’s race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount, or visits that result in an inpatient stay.
Appendix D: Maternity Practices in Infant Nutrition and Care (mPINC)

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 2018, 45 of 61 eligible hospitals in Washington participated (74%).

<table>
<thead>
<tr>
<th>Immediate Postpartum Care</th>
<th>National Subscore</th>
<th>Washington Subscore</th>
<th>Washington Hospitals with Ideal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)</td>
<td></td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)</td>
<td></td>
<td></td>
<td>51%</td>
</tr>
<tr>
<td>Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Newborns are monitored continuously for the first 2 hours after birth</td>
<td></td>
<td></td>
<td>66%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rooming-In</th>
<th>National Subscore</th>
<th>Washington Subscore</th>
<th>Washington Hospitals with Ideal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother-infant dyads are rooming-in 24 hours/day</td>
<td>71</td>
<td>86</td>
<td>100%</td>
</tr>
<tr>
<td>Routine newborn exams, procedures, and care occur in the mother’s room</td>
<td></td>
<td></td>
<td>58%</td>
</tr>
<tr>
<td>Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads</td>
<td></td>
<td></td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeding Practices</th>
<th>National Subscore</th>
<th>Washington Subscore</th>
<th>Washington Hospitals with Ideal Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few breastfeeding newborns receive infant formula</td>
<td>82</td>
<td>90</td>
<td>69%</td>
</tr>
<tr>
<td>Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia</td>
<td></td>
<td></td>
<td>96%</td>
</tr>
<tr>
<td>When breastfeeding mothers request infant formula, staff counsel them about possible consequences</td>
<td></td>
<td></td>
<td>69%</td>
</tr>
<tr>
<td>Feeding Education &amp; Support</td>
<td>National Subscore 70</td>
<td>Washington Subscore 70</td>
<td>Washington Hospitals with Ideal Response 92</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------</td>
<td>------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula</td>
<td>76%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>76%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge Support</th>
<th>National Subscore 78</th>
<th>Washington Subscore 86</th>
<th>Washington Hospitals with Ideal Response 86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider</td>
<td>87%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital’s discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers</td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>84%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutional Management</th>
<th>National Subscore 70</th>
<th>Washington Subscore 70</th>
<th>Washington Hospitals with Ideal Response 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer &amp; maternal pain), assisting with breastfeeding (positioning &amp; latch), teaching hand expression &amp; safe formula preparation/feeding, and demonstrating safe skin-to-skin practices</td>
<td>73%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management</td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization</td>
<td>87%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital pays a fair market price for infant formula</td>
<td>64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital has 100% of written policy elements</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.

Questions about the mPINC survey?
Visit [www.cdc.gov/breastfeeding/data/mpinc](http://www.cdc.gov/breastfeeding/data/mpinc) to learn more.

Suggested Citation: Centers for Disease Control and Prevention. Washington 2016 Report, CDC Survey of Maternal Practices in Infant Nutrition and Care. Atlanta, GA; April 2020

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