Washington State Health Care Authority

REPORT TO THE LEGISLATURE

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

Washington State
Health Care Authority

Clinical Quality and Care Transformation Division
P.O. Box 45502
Olympia, WA 98504
Phone: (360) 725-1612
Fax: (360) 586-9551
hca.wa.gov

Table of contents

Executive summary 2
Key findings and discussion 3
Comparing Washington State performance to 2017 national rankings 4
Washington State's trends from 2014 to 2018 6
Comparison of performance by Medicaid payer type for 2018 6
Comparison of performance by race/ethnicity for 2018 7
Newborn care practices 7
Conclusion 9
Appendix A: summary of performance, 2014-2018 11
Appendix B: background and technical notes 14
CMS Child Core Set of Health Care Quality Measures 19
CMS Child Core Set measure data limitations 19
Measures chosen from the Child Core Set 20
The Joint Commission 20
Results WA 21
National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) 21
Healthy People 2020 24
Appendix C: detailed performance tables, 2014-2018 25
Appendix D: Maternity Practices in Infant Nutrition and Care (mPINC) 73

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

[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.

- 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)[3]. 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.

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 BWFW 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.

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.

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

			Rate						2017 National Comparison*		
	Table	Measure	2014	2015	2016	2017	2018	% Change 2014–2018	# States Reporting	Median Rate	Quartile Rank
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	77.2	78.7	79.8	79.9	80.6	4.4%	39	80.6	Q2
	2	Low Birth Weight (LBW)	7.1	7.2	7.1	7.3	7.2	1.4%	25	9.1	Top
	3	Cesarean Delivery Rate (NTSV) (PC02)	21.2	21.3	20.7	21.2	21.0	-0.9%	N/A		
	4	Exclusive Breast Milk Feeding (PC05)	x	76.5	76.5	74.5	74.1	N/A	N/A		
	5.1	Contraceptive Care — All Women: Ages 15-20 Years (CCW)	31.1	30.8	30.8	30.8	30.1	-3.2%	26	28.1	Q3
	5.2	Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)	5.0	5.1	5.7	6.1	5.9	18.0%	25	5.4	Q3
	6.1	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)	41.0	38.4	42.7	44.6	42.4	3.4%	31	40.8	Q3
	6.2	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)	18.8	18.4	19.5	21.3	19.7	4.8%	31	16.3	Top
Preventive Care	7	Childhood Immunizations by Age Two (CIS): Combination 3	64.2	63.2	64.0	65.2	66.3	3.2%	45	68.5	Q2
	8.1	Immunizations for Adolescents Who Turned 13 (IMA): Combination 1	71.1	71.6	73.3	74.9	74.9	5.3%	43	77.3	Q2
	8.2	Human Papillomavirus Vaccine (HPV)	32.8	33.5	34.6	37.4	38.4	17.3%	44	32.3	Q3
	9	Well-Child Visits in the First 15 Months (W15)	57.5	55.4	62.9	66.1	69.1	20.2%	47	63.2	Q3
	10	Well-Child Visits: Ages 3–6 Years (W34)	64.2	63.0	70.0	64.5	66.0	2.9%	48	69.3	Q2
	11	Adolescent Well-Care Visits (AWC)	37.7	36.4	41.7	38.8	40.2	6.5%	47	48.9	Bottom
	12	Chlamydia Screening in Women Ages 16–20 Years (CHL)	47.3	48.8	48.5	48.5	50.2	6.1%	44	50.1	Q2

	Table	Measure	Rate						2017 National Comparison*		
			2014	2015	2016	2017	2018	% Change 2014–2018	# States Reporting	Median Rate	Quartile Rank
Access to Care	13.1	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months	96.0	95.5	95.1	95.1	96.7	0.7%	45	95.7	Q2
Access to Care	13.2	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years	86.0	84.6	83.7	83.7	85.8	-0.2%	45	87.7	Bottom
Access to Care	13.3	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7-11 Years	90.1	89.7	88.7	88.7	90.4	0.3%	45	91.1	Q2
Access to Care	13.4	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years	89.2	88.8	88.2	88.2	90.6	1.6%	45	90.6	Bottom
Acute Care	14.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	39.5	40.2	38.7	36.7	36.0	-8.9%	44	44.5	Top
Acute Care	14.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	75.2	76.8	74.2	72.2	70.7	-6.0%	N/A	N/A	N/A
Acute Care	14.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	40.1	40.8	38.9	37.0	36.4	-9.2%	N/A	N/A	N/A
Acute Care	14.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	33.1	34.0	33.3	31.4	30.9	-6.6%	N/A	N/A	N/A

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

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 below75th 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
- **Data source: Joint Commission Quality Check public data https://www.qualitycheck.org. Courtesy to Suzan Walker, University of Washington, for annual rates on PC05 during 2015-2018. National Average: 51.3percent; Nationwide Top 10 Percent: 73.3percent.

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,[5] and immunization history.[6]

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	MEASURE	DEFINITION[7]	DATA SOURCE
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in 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	Birth certificates linked to Medicaid claims and eligibility data

	TABLE	MEASURE	DEFINITION[8]	DATA SOURCE
Perinatal Care	**2**	Low Birth Weight (LBW)	Percentage of live births that weighed less than 2,500 grams (5.5 pounds). **NOTE:** This is a Results Washington measure.	Birth Certificates (linked to Medicaid claims and eligibility data)

[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.
[7] The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
[8] The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.

TABLE	MEASURE	DEFINITION[8]	DATA SOURCE
3	Cesarean Delivery Rate (NTSV) (PC02)	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 **N**ulliparous, **T**erm, **S**ingleton, **V**ertex (NTSV). **NOTE:** This is a Results Washington measure.	Birth Certificates (linked to Medicaid claims and eligibility)
4	Exclusive Breast Milk Feeding (PC05)	Exclusive breast milk feeding during the newborn's entire hospitalization (Newborn identified as single term newborns >=37 weeks gestation at delivery discharged alive from the hospital, NICU admissions excluded)	Administrative data combined with chart reviewed data
5.1	Contraceptive Care — All Women: Ages 15-20 Years (CCW)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception during the measurement year (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectables, oral pills, patch, ring, or diaphragm). **NOTE:** This is an Accountable Communities of Health measure.	Medicaid claims and eligibility data
5.2	Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a long-acting reversible contraception (LARC). **NOTE:** This is an Accountable Communities of Health measure.	Medicaid claims and eligibility data
6.1	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)	The percent of women ages 15–20 who were provided a most effective or moderately effective method of contraception within 60 days of delivery (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectable, oral pills, patch, ring, or diaphragm). **NOTE:** This is an Accountable Communities of Health measure.	Medicaid claims and eligibility data
6.2	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)	The percent of women ages 15–20 who were provided a LARC. **NOTE:** This is an Accountable Communities of Health measure.	Medicaid claims and eligibility data

	TABLE	MEASURE	DEFINITION[8]	DATA SOURCE
Preventive Care	**7**	Childhood Immunizations Status (CIS)	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. **NOTE:** 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)

	TABLE	MEASURE	DEFINITION[9]	DATA SOURCE
Preventive Care	**8**	Immunizations for Adolescents (IMA) - Combination 1	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)
	8.1	Human Papillomavirus Vaccine (HPV)	Percentage of adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus vaccine or at least two HPV vaccines separated by a minimum of 146 days by their 13th birthday. NOTE: *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
	9	Well-Child Visits in the First 15 Months of Life (W15)	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. NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Medicaid claims and eligibility data with vital statistics linkage
	10	Well-Child Visits: Ages 3–6 Years (W34)	Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year. NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Medicaid claims and eligibility data with vital statistics linkage

[9] The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.

	TABLE	MEASURE	DEFINITION[10]	DATA SOURCE
Preventive Care	11	Adolescent Well-Care Visits (AWC)	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.	Medicaid claims and eligibility data with vital statistics linkage
	12	Chlamydia Screening in Women Ages 16–20 Years (CHL)	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.	Medicaid claims and eligibility data with vital statistics linkage
Access to Care	13.1	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months	Percentage of children and adolescents ages 12 months to 24 months that had a visit with a PCP.	Medicaid claims and eligibility data with vital statistics linkage
	13.2	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years	Percentage of children and adolescents ages 25 months to 6 years that had a visit with a PCP.	Medicaid claims and eligibility data with vital statistics linkage
	13.3	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7-11 Years	Percentage of children and adolescents ages 7 years to 11 years that had a visit with a PCP.	Medicaid claims and eligibility data with vital statistics linkage

	TABLE	MEASURE	DEFINITION[11]	DATA SOURCE
Access to Care	13.4	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years	Percentage of children and adolescents ages 12 years to 19 years that had a visit with a PCP.	Medicaid claims and eligibility data with vital statistics linkage
Acute Care	14.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	Rate of ED visits per 1,000 beneficiary months among children up to age 19. This measure is reported to CMS as an overall and calculated for three age groups for State reporting: less than 1, 1 to 9, and 10 to 19.	Medicaid claims and eligibility data with vital statistics linkage Administrative

[10] The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.
[11] The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.

	TABLE	MEASURE	DEFINITION[11]	DATA SOURCE
	14.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	Rate of ED visits per 1,000 beneficiary months among children ages 0 years to 1 year.	Medicaid claims and eligibility data with vital statistics linkage Administrative
	14.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	Rate of ED visits per 1,000 beneficiary months among children ages 1 year to 9 years.	Medicaid claims and eligibility data with vital statistics linkage Administrative
	14.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	Rate of ED visits per 1,000 beneficiary months among children ages 10 years to 19 years.	Medicaid claims and eligibility data with vital statistics linkage Administrative

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.

---

[12] Available on the Medicaid.gov website at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/ chipra-initial-core-set-of-childrens-health-care-quality-measures.html.
[13] For a primer on the basics, background, and status of quality measurement and improvement in Medicaid and CHIP, see "Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders, available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf.
[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.

- 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

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

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.

[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.[17] The maternity practice domains are:[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.[19]

Table 2: Immediate postpartum care

Measure	Explanation	Survey item	Scoring
Immediate skin-to-skin contact	After vaginal delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers immediately after birth … • if breastfeeding, until the first breastfeeding is completed. • if not breastfeeding, for at least one hour.	C1_a1 C1_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.
	After Cesarean-delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert … • if breastfeeding, until the first breastfeeding is completed. • if not breastfeeding, for at least one hour.	C2_a1 C2_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.

[17] Scoring for maternity practices is available at https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm.
[18] The mPINC Sample Benchmark Report is available at https://www.cdc.gov/breastfeeding/pdf/mpinc/states/2018/washington-2018-mpinc-report.pdf.
[19] The mPINC scoring algorithm is available at https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm.

Transition	Percent of vaginally delivered newborns separated from their mothers before starting rooming-in.	C3	100 = Few 70 = Some 30 = Many 0 = Most OR Not an Option
Monitoring following birth	Percent of newborns who receive continuous observed monitoring throughout the first two hours immediately following birth.	C5	100 = Most 70 = Many 30 = Some 0 = Few
	Immediate Postpartum Care Subscore		Mean of the 4 item scores†

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

Table 3: Rooming-In

Measure	Explanation	Survey item	Scoring
Rooming-In	Percent of newborns who stay in the room with their mothers for 24 hours/day (not including separation for medical reasons).	C4_a1	100: 80%+ 70: 50-79% 30: 20-49% 0: <20%
Mother-infant separation	Indicates usual location of newborns during… • pediatric exams/rounds. • hearing screening. • pulse oximetry screening. • routine labs/blood draws/injections. • newborn bath.	C6_a1 C6_a2 C6_a4 C6_a5 C6_a6	100 = in mother's room for all 5 situations 70 = removed from mother's room for 1-2 situations 30 = removed from mother's room for 3-4 situations 0 = removed from mother's room for all 5 situations
Rooming-in safety	Indicates whether your hospital has a protocol requiring frequent observations of high-risk mother-infant dyads by nurses to ensure safety of the infant while they are together.	C7	100 = Yes 0 = No
	Rooming-In Subscore		Mean of the three item scores

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.[20]

[20] More information about Health People 2020 is available at https://www.healthypeople.gov/node/3492/data-details.

Appendix C: detailed performance tables, 2014-2018

Table 1a. Timeliness of Prenatal Care (PPC), by Managed Care Plan 2014–2018 28
Table 1b. Timeliness of Prenatal Care (PPC), by Race/Ethnicity 2014–2018 29
Table 2a. Low Birth Weight (LBW), by Managed Care Plan 2014–2018 30
Table 2b. Low Birth Weight (LBW), by Race/Ethnicity 2014–2018 31
Table 3a. Cesarean Delivery Rate (NTSV) (PC02), by Managed Care Plan 2014–2018 32
Table 3b. Cesarean Delivery Rate (NTSV) (PC02), by Race/Ethnicity 2014–2018 33
Table 4. Exclusive Breast Milk Feeding (PC05), 2018* 34
Table 5.1a. Contraceptive Care -- Women Ages 15-20 (CCW), By Managed Care Plan 2014 to 2018 35
Table 5.1b. Contraceptive Care -- Women Ages 15-20(CCW), By Race/Ethnicity 2014 to 2018 36
Table 5.2a. Contraceptive Care -- Women Ages 15-20 (CCW) - LARC, By Managed Care Plan 2014 to 2018 37
Table 5.2b. Contraceptive Care -- Women Ages 15-20(CCW)-LARC, By Race/Ethnicity 2014 to 2018 38
Table 6.1a. Contraceptive Care — Postpartum Women Ages 15-20 (CCP), by Managed Care Plan 2014–2018 39
Table 6.1b. Contraceptive Care — Postpartum Women Ages 15-20 (CCP), by Race/Ethnicity 2014–2018 40
Table 6.2a. Contraceptive Care — Postpartum Women Ages 15-20 (CCP) - LARC, by Managed Care Plan 2014–2018 41
Table 6.2b. Contraceptive Care — Postpartum Women Ages 15-20 (CCP) - LARC, by Race/Ethnicity 2014–2018 42
Table 7a. Childhood Immunizations by Age Two (CIS): Combination 3, by Managed Care Plan 2014–2018 43
Table 7b. Childhood Immunizations by Age Two (CIS): Combination 3, by Race/Ethnicity 2014–2018 44
Table 8.1a. Immunizations for Adolescents Who Turned 13 (IMA): Combination 1, by Managed Care Plan 2014–2018 45
Table 8.1b. Immunizations for Adolescents Who Turned 13 (IMA): Combination 1, by Race/Ethnicity 2014–2018 46

Table 8.2a. Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Managed Care Plan 2014–2018 47

Table 8.2b. Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Race/Ethnicity 2014–2018 48

Table 9a. Well-Child Visits: Ages 31 Days–15 Months (W15), by Managed Care Plan 2014–2018 49

Table 9b. Well-Child Visits: Ages 31 Days–15 Months (W15), by Race/Ethnicity 2014–2018 50

Table 10a. Well-Child Visits: Ages 3–6 Years (W34), by Managed Care Plan 2014–2018 51

Table 10b. Well-Child Visits: Ages 3–6 Years (W34), by Race/Ethnicity 2014–2018 52

Table 11a. Adolescent Well-Care Visits (AWC), by Managed Care Plan 2014–2018 53

Table 11b. Adolescent Well-Care Visits (AWC), by Race/Ethnicity 2014–2018 54

Table 12a. Chlamydia Screening for Washington State Women Ages 16–20 Years (CHL), by Managed Care Plan 2014–2018 55

Table 12b. Chlamydia Screening for Washington State Women Ages 16–20 Years (CHL), by Race/Ethnicity 2014–2018 56

Table 13.1a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–24 Months, by Managed Care Plan 2014–2018 57

Table 13.1b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–24 Months, by Race/Ethnicity 2014–2018 58

Table 13.2a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months–6 Years, by Managed Care Plan 2014–2018 59

Table 13.2b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months–6 Years, by Race/Ethnicity 2014–2018 60

Table 13.3a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 7–11 Years, by Managed Care Plan 2014–2018 61

Table 13.3b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 7–11 Years, by Race/Ethnicity 2014–2018 62

Table 13.4a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–19 Years, by Managed Care Plan 2014–2018 63

Table 13.4b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–19 Years, by Race/Ethnicity 2014–2018 64

Table 14.0a. Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years, by Managed Care Plan 2014–2018 65

Table 14.0b. Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years, by Race/Ethnicity 2014–2018 66

Table 14.1a. Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year, by Managed Care Plan 2014–2018 67

Table 14.1b. Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year, by Race/Ethnicity 2014–2018 68

Table 14.2a. Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years, by Managed Care Plan 2014–2018 69

Table 14.2b. Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years, by Race/Ethnicity 2014–2018 70

Table 14.3a. Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years by Managed Care Plan 2014–2018 71

Table 14.3b. Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years by Race/Ethnicity 2014–2018 72

Table 1a: Timeliness of Prenatal Care (PPC), by Managed Care Plan 2014-2018

Measure PPC -- Timeliness of Prenatal Care

Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Managed Care Plan

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)
Amerigroup Washington Inc	2,338	1,696	72.5%	2,725	2,078	76.3%	2,629	2,044	77.7%	2,460	1,901	77.3%	2,364	1,856	78.5%
Columbia United Providers				1,230	974	79.2%									
Community Health Plan of WA	6,486	5,109	78.8%	5,711	4,494	78.7%	5,269	4,194	79.6%	4,735	3,763	79.5%	4,145	3,292	79.4%
Coordinated Care of WA	3,857	3,059	79.3%	3,422	2,746	80.2%	3,558	2,861	80.4%	3,261	2,630	80.7%	3,010	2,452	81.5%
Molina Healthcare of WA	9,965	7,812	78.4%	10,792	8,453	78.3%	13,782	10,939	79.4%	13,548	10,767	79.5%	13,363	10,755	80.5%
UnitedHealthcare Community Plan	3,501	2,621	74.9%	3,754	2,866	76.3%	3,850	2,958	76.8%	3,631	2,794	76.9%	3,310	2,596	78.4%
Native Health PCCM (multiple agencies)	288	202	70.1%	261	182	69.7%	134	101	75.4%	74	54	73.0%	65	43	66.2%
Medicaid Managed Care	26,435	20,499	77.5%	27,895	21,793	78.1%	29,222	23,097	79.0%	27,709	21,909	79.1%	26,257	20,994	80.0%
Medicaid Fee for Service	6,827	5,187	76.0%	6,911	5,607	81.1%	6,616	5,505	83.2%	5,803	4,852	83.6%	5,443	4,551	83.6%
Total Medicaid	**33,262**	**25,686**	**77.2%**	**34,806**	**27,400**	**78.7%**	**35,838**	**28,602**	**79.8%**	**33,512**	**26,761**	**79.9%**	**31,700**	**25,545**	**80.6%**

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. **PCCM** 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

	2014			2015			2016			2017			2018		
	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)
Medicaid															
Hispanic	10,234	8,170	79.8%	10,746	8,844	82.3%	11,087	9,295	83.8%	10,359	8,700	84.0%	10,152	8,497	83.7%
Not Hispanic or Ethnicity Unknown															
White	15,880	12,155	76.5%	16,567	12,840	77.5%	16,391	12,913	78.8%	15,015	11,839	78.8%	13,760	11,076	80.5%
Asian	1,612	1,233	76.5%	1,752	1,421	81.1%	1,896	1,501	79.2%	1,798	1,415	78.7%	1,548	1,187	76.7%
Black	2,140	1,613	75.4%	2,148	1,638	76.3%	2,349	1,828	77.8%	2,237	1,739	77.7%	2,143	1,689	78.8%
American Indian/Alaska Native	796	594	74.6%	756	555	73.4%	853	618	72.5%	707	500	70.7%	705	502	71.2%
Hawaiian/Pacific Islander	676	468	69.2%	716	451	63.0%	792	551	69.6%	762	530	69.6%	768	542	70.6%
More Than One Race	1,512	1,150	76.1%	1,550	1,209	78.0%	1,719	1,320	76.8%	2,204	1,701	77.2%	2,171	1,696	78.1%
Other/Unknown	412	303	73.5%	571	442	77.4%	751	576	76.7%	430	337	78.4%	453	356	78.6%
Total Medicaid	**33,262**	**25,686**	**77.2%**	**34,806**	**27,400**	**78.7%**	**35,838**	**28,602**	**79.8%**	**33,512**	**26,761**	**79.9%**	**31,700**	**25,545**	**80.6%**

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Amerigroup Washington Inc	2,740	240	8.8%	3,124	239	7.7%	3,024	213	7.0%	3,068	247	8.1%	2,959	223	7.5%
Columbia United Providers				1,356	83	6.1%									
Community Health Plan of WA	7,261	508	7.0%	6,326	450	7.1%	5,928	424	7.2%	5,663	428	7.6%	4,996	373	7.5%
Coordinated Care of Washington	4,457	334	7.5%	3,838	280	7.3%	4,026	321	8.0%	3,925	305	7.8%	3,654	268	7.3%
Molina Healthcare of WA	11,413	771	6.8%	12,069	856	7.1%	15,473	1,082	7.0%	16,538	1,223	7.4%	16,452	1,150	7.0%
UnitedHealthcare Community Plan	4,084	311	7.6%	4,226	317	7.5%	4,461	356	8.0%	4,524	339	7.5%	4,274	347	8.1%
Native Health PCCM (multiple agencies)	399	35	8.8%	318	26	8.2%	169	15	8.9%	92	5	5.4%	73	9	12.3%
Medicaid Managed Care	30,354	2,199	7.2%	31,257	2,251	7.2%	33,081	2,411	7.3%	33,810	2,547	7.5%	32,408	2,370	7.3%
Medicaid Fee for Service	12,125	836	6.9%	11,740	861	7.3%	10,612	672	6.3%	7,943	507	6.4%	7,497	518	6.9%
Total Medicaid	**42,479**	**3,035**	**7.1%**	**42,997**	**3,112**	**7.2%**	**43,693**	**3,083**	**7.1%**	**41,753**	**3,054**	**7.3%**	**39,905**	**2,888**	**7.2%**
Total Non-Medicaid	**44,604**	**2,541**	**5.7%**	**44,493**	**2,473**	**5.6%**	**45,280**	**2,560**	**5.7%**	**44,131**	**2,567**	**5.8%**	**44,524**	**2,643**	**5.9%**
State Total	**87,083**	**5,576**	**6.4%**	**87,490**	**5,585**	**6.4%**	**88,973**	**5,643**	**6.3%**	**85,884**	**5,621**	**6.5%**	**84,429**	**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

Measure LBW -- Low Birth Weight

Low Birth Weight (<2500 g) by Maternal Race/Ethnicity

Live Births 2014-2018

	2014			2015			2016			2017			2018		
	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Medicaid															
Hispanic	12,450	768	6.2%	12,708	788	6.2%	12,991	829	6.4%	12,293	808	6.6%	12,017	809	6.7%
Not Hispanic or Ethnicity Unknown															
White	20,734	1,445	7.0%	20,879	1,450	6.9%	20,484	1,395	6.8%	19,311	1,350	7.0%	18,062	1,211	6.7%
Asian	2,117	193	9.1%	2,234	232	10.4%	2,318	185	8.0%	2,273	186	8.2%	1,979	167	8.4%
Black	2,763	274	9.9%	2,689	251	9.3%	2,896	301	10.4%	2,739	302	11.0%	2,634	244	9.3%
American Indian/Alaska Native	1,010	82	8.1%	959	93	9.7%	1,067	87	8.2%	917	74	8.1%	929	76	8.2%
Hawaiian/Pacific Islander	876	59	6.7%	895	56	6.3%	959	56	5.8%	952	74	7.8%	950	76	8.0%
More Than One Race	2,007	165	8.2%	1,946	183	9.4%	2,096	161	7.7%	2,765	229	8.3%	2,792	274	9.8%
Other/Unknown	522	49	9.4%	687	59	8.6%	882	69	7.8%	503	31	6.2%	542	31	5.7%
Total Medicaid	**42,479**	**3,035**	**7.1%**	**42,997**	**3,112**	**7.2%**	**43,693**	**3,083**	**7.1%**	**41,753**	**3,054**	**7.3%**	**39,905**	**2,888**	**7.2%**
Non-Medicaid															
Hispanic	3,163	173	5.5%	3,209	178	5.5%	3,378	211	6.2%	3,452	205	5.9%	3,842	246	6.4%
Not Hispanic or Ethnicity Unknown															
White	32,090	1,676	5.2%	31,673	1,554	4.9%	31,617	1,579	5.0%	30,167	1,551	5.1%	29,608	1,492	5.0%
Asian	5,976	446	7.5%	6,177	464	7.5%	6,638	520	7.8%	6,704	558	8.3%	6,877	559	8.1%
Black	1,018	97	9.5%	1,088	113	10.4%	1,038	88	8.5%	1,153	99	8.6%	1,175	131	11.1%
American Indian/Alaska Native	285	20	7.0%	262	19	7.3%	271	14	5.2%	221	15	6.8%	268	17	6.3%
Hawaiian/Pacific Islander	214	14	6.5%	221	23	10.4%	234	24	10.3%	245	18	7.3%	236	21	8.9%
More Than One Race	1,516	92	6.1%	1,497	96	6.4%	1,650	97	5.9%	1,950	107	5.5%	2,255	163	7.2%
Other/Unknown	342	23	6.7%	366	26	7.1%	454	27	5.9%	239	14	5.9%	263	14	5.3%
Total Non-Medicaid	**44,604**	**2,541**	**5.7%**	**44,493**	**2,473**	**5.6%**	**45,280**	**2,560**	**5.7%**	**44,131**	**2,567**	**5.8%**	**44,524**	**2,643**	**5.9%**
State Total	**87,083**	**5,576**	**6.4%**	**87,490**	**5,585**	**6.4%**	**88,973**	**5,643**	**6.3%**	**85,884**	**5,621**	**6.5%**	**84,429**	**5,531**	**6.6%**

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

Measure PC02 -- Cesarean Delivery Rate (NTSV)

Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Managed Care Plan 2014-2018

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Amerigroup Washington Inc	1,282	282	22.0%	1,255	298	23.7%	1,065	222	20.8%	981	236	24.1%	861	191	22.2%
Columbia United Providers				342	66	19.3%									
Community Health Plan of WA	1,917	418	21.8%	1,836	348	19.0%	1,712	326	19.0%	1,638	303	18.5%	1,463	317	21.7%
Coordinated Care of WA	1,906	407	21.4%	1,316	275	20.9%	1278	256	20.0%	1,191	252	21.2%	1,036	200	19.3%
Molina Healthcare of WA	2,330	435	18.7%	2,855	614	21.5%	3,935	827	21.0%	4,248	910	21.4%	4,340	894	20.6%
UnitedHealthcare Community Plan	1,712	360	21.0%	1,527	363	23.8%	1,453	333	22.9%	1,418	316	22.3%	1,198	259	21.6%
Native Health PCCM (multiple agencies)	90	12	13.3%	79	10	12.7%	35	7	20.0%	28	3	10.7%	20	3	15.0%
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**	**6,602**	**22.5%**	**28,127**	**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 (citizens)** includes citizens 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

Measure PC02 -- Cesarean Delivery Rate (NTSV)

Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity 2014-2018

	2014			2015			2016			2017			2018		
	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Medicaid															
Hispanic	3,100	670	21.6%	3,212	616	19.2%	3,196	640	20.0%	3,079	614	19.9%	2,907	576	19.8%
Not Hispanic or Ethnicity Unknown															
White	6,352	1,236	19.5%	6,113	1,247	20.4%	5,846	1,132	19.4%	5,338	1,104	20.7%	5,017	1,030	20.5%
Asian	711	199	28.0%	667	172	25.8%	768	168	21.9%	733	165	22.5%	651	156	24.0%
Black	754	237	31.4%	709	233	32.9%	758	234	30.9%	700	218	31.1%	680	190	27.9%
American Indian/Alaska Native	216	37	17.1%	255	40	15.7%	244	41	16.8%	210	34	16.2%	205	33	16.1%
Hawaiian/Pacific Islander	176	39	22.2%	202	58	28.7%	222	70	31.5%	206	51	24.8%	200	54	27.0%
More Than One Race	717	128	17.9%	629	141	22.4%	662	138	20.8%	816	163	20.0%	784	150	19.1%
Other/Unknown	104	22	21.2%	145	31	21.4%	220	41	18.6%	115	30	26.1%	120	26	21.7%
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%**
Non-Medicaid															
Hispanic	1,163	269	23.1%	1,189	311	26.2%	1,386	375	27.1%	1,325	309	23.3%	1,504	368	24.5%
Not Hispanic or Ethnicity Unknown															
White	11,827	2,588	21.9%	11,664	2,512	21.5%	11,733	2,594	22.1%	11,185	2,555	22.8%	10,758	2,499	23.2%
Asian	2,546	795	31.2%	2,627	768	29.2%	2,847	812	28.5%	2,872	865	30.1%	2,966	820	27.6%
Black	371	123	33.2%	372	109	29.3%	436	134	30.7%	486	148	30.5%	419	132	31.5%
American Indian/Alaska Native	84	23	27.4%	80	22	27.5%	85	23	27.1%	65	14	21.5%	81	24	29.6%
Hawaiian/Pacific Islander	63	17	27.0%	60	17	28.3%	88	22	25.0%	93	22	23.7%	65	20	30.8%
More Than One Race	644	136	21.1%	568	135	23.8%	678	135	19.9%	795	206	25.9%	855	217	25.4%
Other/Unknown	121	35	28.9%	136	43	31.6%	161	43	26.7%	109	33	30.3%	96	21	21.9%
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**	**6,602**	**22.5%**	**28,127**	**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. **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*

Organization Name, City	Eligible Patients	Actual Rate	Nationwide Hospital Result Symbol**
EvergreenHealth, Kirkland	3,889	87.9%	F
Providence Sacred Heart Medical Center & Children's Hospital, Spokane	367	83.4%	F
Legacy Salmon Creek Hospital, Vancouver	421	82.4%	F
Overlake Hospital Medical Center, Bellevue	413	81.8%	F
St. Joseph Medical Center, Tacoma	429	81.4%	F
Providence Regional Medical Center Everett	442	78.3%	N
Harrison Medical Center, Bremerton	394	73.6%	N
Columbia Capital Medical Center Limited Partnership, Olympia	156	71.8%	N
Providence St. Peter Hospital, Olympia	406	71.7%	N
MultiCare Covington Medical Center, Covington	118	70.3%	N
University of Washington Medical Center, Seattle	243	70.0%	N
Public Hosp District No.1 of King County, Renton	442	69.0%	N
Madigan Army Medical Center, Tacoma	340	68.5%	N
Multicare Health System, Tacoma	2,172	67.7%	N
MultiCare Health System, Puyallup	1,791	65.6%	N
Providence Holy Family Hospital, Spokane	214	65.4%	N
Providence Centralia Hospital, Centralia	130	64.6%	N
MultiCare Deaconess Hospital, Spokane	239	60.3%	N
MultiCare Valley Hospital, Spokane Valley	143	60.1%	N
Highline Medical Center, Burien	192	59.9%	N
MultiCare Health System, Auburn	872	58.1%	N
St. Francis Hospital, Federal Way	266	56.8%	N
Yakima Valley Memorial Hospital, Yakima	401	55.6%	N
Kadlec Regional Medical Center, Richland	379	45.9%	U
SHC Medical Center - Toppenish	311	44.1%	U
Providence St. Mary Medical Center, Walla Walla	124	40.3%	U
RCCH Trios Health, LLC, Kennewick	252	39.3%	U

*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: 82.4%

Table 5.1a: Contraceptive Care – Women Ages 15-20 (CCW), By Managed Care Plan 2014-2018

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
By Managed Care Plan 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL	More/Most Effective Contraception Age 15-20		TOTAL	More/Most Effective Contraception Age 15-20		TOTAL	More/Most Effective Contraception Age 15-20		TOTAL	More/Most Effective Contraception Age 15-20			More/Most Effective Contraception Age 15-20	
Medicaid Managed Care Plan	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total
Amerigroup Washington Inc	966	336	**34.8%**	2,678	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%**									
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	1,465	**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. **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. **Most or moderately effective FDA-approved contraception methods**: female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. Continued use of some methods 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.

Table 5.1b: Contraceptive Care – Women Ages 15-20(CCW), By Race/Ethnicity 2014-2018

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
By Race/Ethnicity 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total
Hispanic	18,115	908	5.0%	21,615	1,053	4.9%	23,429	1,195	5.1%	24,575	1,297	5.3%	26,013	1,361	5.2%
Not Hispanic or Ethnicity Unknown															
White	29,604	1,537	5.2%	36,674	2,051	5.6%	37,410	2,415	6.5%	36,133	2,505	6.9%	34,335	2,412	7.0%
Asian	2,440	45	1.8%	3,391	77	2.3%	3,581	121	3.4%	3,462	130	3.8%	3,363	104	3.1%
Black	4,240	186	4.4%	5,437	261	4.8%	5,512	300	5.4%	5,370	274	5.1%	5,318	241	4.5%
American Indian/Alaska Native	1,711	119	7.0%	2,129	138	6.5%	2,218	147	6.6%	2,329	189	8.1%	2,521	183	7.3%
Hawaiian/Pacific Islander	1,144	42	3.7%	1,810	62	3.4%	1,940	68	3.5%	1,914	93	4.9%	1,922	81	4.2%
More Than One Race	2,364	146	6.2%	1,843	106	5.8%	2,007	142	7.1%	2,417	194	8.0%	2,846	195	6.9%
Other/Unknown	3,102	131	4.2%	4,625	178	3.8%	4,809	210	4.4%	4,810	232	4.8%	4,647	185	4.0%
Total	62,720	3,114	5.0%	77,524	3,926	5.1%	80,906	4,598	5.7%	81,010	4,914	6.1%	80,965	4,762	5.9%

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 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. **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

	2014			2015			2016			2017			2018		
	TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20			LARC Age 15-20	
Medicaid Managed Care Plan	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total
Amerigroup Washington Inc	966	33	3.4%	2,678	151	5.6%	3,286	190	5.8%	3,450	203	5.9%	3,533	217	6.1%
Columbia United Providers				2,575	130	5.0%									
Community Health Plan of WA	12,367	540	4.4%	13,225	595	4.5%	13,435	651	4.8%	13,142	687	5.2%	11,924	671	5.6%
Coordinated Care of WA	3,315	140	4.2%	5,365	266	5.0%	6,662	346	5.2%	9,188	567	6.2%	8,955	513	5.7%
Molina Healthcare of WA Inc	18,846	825	4.4%	25,576	1,209	4.7%	32,689	1,865	5.7%	34,804	2,149	6.2%	35,404	2,056	5.8%
United Health Care Community Plan	2,159	106	4.9%	4,728	216	4.6%	5,844	294	5.0%	6,073	366	6.0%	6,089	361	5.9%
Other	18,339	1,041	5.7%	16,550	942	5.7%	15,540	968	6.2%	11,173	670	6.0%	11,955	678	5.7%
Medicaid Managed Care	**55,992**	**2,685**	**4.8%**	**70,697**	**3,509**	**5.0%**	**77,456**	**4,314**	**5.6%**	**77,830**	**4,642**	**6.0%**	**77,860**	**4,496**	**5.8%**
Medicaid Fee for Service	**6,728**	**429**	**6.4%**	**6,827**	**417**	**6.1%**	**3,450**	**284**	**8.2%**	**3,180**	**272**	**8.6%**	**3,105**	**266**	**8.6%**
Total	**62,720**	**3,114**	**5.0%**	**77,524**	**3,926**	**5.1%**	**80,906**	**4,598**	**5.7%**	**81,010**	**4,914**	**6.1%**	**80,965**	**4,762**	**5.9%**

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 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. **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.

Table 5.2b: Contraceptive Care – Women Ages 15-20 (CCW) – LARC, By Race/Ethnicity 2014-2018

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
By Race/Ethnicity 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total
Hispanic	18,115	908	5.0%	21,615	1,053	4.9%	23,429	1,195	5.1%	24,575	1,297	5.3%	26,013	1,361	5.2%
Not Hispanic or Ethnicity Unknown															
White	29,604	1,537	5.2%	36,674	2,051	5.6%	37,410	2,415	6.5%	36,133	2,505	6.9%	34,335	2,412	7.0%
Asian	2,440	45	1.8%	3,391	77	2.3%	3,581	121	3.4%	3,462	130	3.8%	3,363	104	3.1%
Black	4,240	186	4.4%	5,437	261	4.8%	5,512	300	5.4%	5,370	274	5.1%	5,318	241	4.5%
American Indian/Alaska Native	1,711	119	7.0%	2,129	138	6.5%	2,218	147	6.6%	2,329	189	8.1%	2,521	183	7.3%
Hawaiian/Pacific Islander	1,144	42	3.7%	1,810	62	3.4%	1,940	68	3.5%	1,914	93	4.9%	1,922	81	4.2%
More Than One Race	2,364	146	6.2%	1,843	106	5.8%	2,007	142	7.1%	2,417	194	8.0%	2,846	195	6.9%
Other/Unknown	3,102	131	4.2%	4,625	178	3.8%	4,809	210	4.4%	4,810	232	4.8%	4,647	185	4.0%
Total	62,720	3,114	5.0%	77,524	3,926	5.1%	80,906	4,598	5.7%	81,010	4,914	6.1%	80,965	4,762	5.9%

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 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. **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

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

By Year and Managed Care Plan

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total
Medicaid Managed Care Plan															
Amerigroup Washington Inc	119	52	**43.7%**	160	62	**38.8%**	146	54	**37.0%**	130	68	**52.3%**	120	57	**47.5%**
Columbia United Providers				93	47	**50.5%**									
Community Health Plan of WA	701	316	**45.1%**	516	209	**40.5%**	465	210	**45.2%**	393	186	**47.3%**	299	122	**40.8%**
Coordinated Care of WA	360	150	**41.7%**	306	121	**39.5%**	313	144	**46.0%**	322	149	**46.3%**	247	111	**44.9%**
Molina Healthcare of WA Inc	901	376	**41.7%**	908	363	**40.0%**	1,115	468	**42.0%**	1,020	440	**43.1%**	990	434	**43.8%**
United Health Care Community Plan	229	94	**41.0%**	216	71	**32.9%**	199	87	**43.7%**	192	83	**43.2%**	137	60	**43.8%**
Other	376	136	**36.2%**	306	101	**33.0%**	211	90	**42.7%**	130	51	**39.2%**	116	37	**31.9%**
Medicaid Managed Care	**2,686**	1,124	**41.8%**	**2,505**	974	**38.9%**	**2,449**	1,053	**43.0%**	**2,187**	977	**44.7%**	**1,909**	821	**43.0%**
Medicaid Fee for Service	**252**	82	**32.5%**	**199**	63	**31.7%**	**142**	53	**37.3%**	**99**	42	**42.4%**	**93**	28	**30.1%**
Total	**2,938**	1,206	**41.0%**	**2,704**	1,037	**38.4%**	**2,591**	1,106	**42.7%**	**2,286**	1,019	**44.6%**	**2,002**	849	**42.4%**

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 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 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
By Year and Race/Ethnicity

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception Age 15-20 N	Used More/Most Effective Contraception Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20 N	Used More/Most Effective Age 15-20 % of Total
Hispanic	964	442	45.9%	936	373	39.9%	876	405	46.2%	795	391	49.2%	720	313	43.5%
Not Hispanic or Ethnicity Unknown															
White	1,347	551	40.9%	1,206	498	41.3%	1,171	516	44.1%	1,004	452	45.0%	816	366	44.9%
Asian	26	17	65.4%	20	7	35.0%	26	8	30.8%	24	9	37.5%	12	3	25.0%
Black	173	51	29.5%	166	50	30.1%	153	51	33.3%	136	52	38.2%	113	48	42.5%
American Indian/Alaska Native	106	29	27.4%	117	32	27.4%	98	30	30.6%	103	40	38.8%	102	36	35.3%
Hawaiian/Pacific Islander	56	15	26.8%	72	15	20.8%	90	35	38.9%	52	13	25.0%	59	18	30.5%
More Than One Race	128	44	34.4%	73	27	37.0%	88	31	35.2%	86	24	27.9%	101	41	40.6%
Other/Unknown	138	57	41.3%	114	35	30.7%	89	30	33.7%	86	38	44.2%	79	24	30.4%
Total	2,938	1,206	41.0%	2,704	1,037	38.4%	2,591	1,106	42.7%	2,286	1,019	44.6%	2,002	849	42.4%

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**: 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

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

	2014			2015			2016			2017			2018		
	TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20		TOTAL	LARC Age 15-20	
Medicaid Managed Care Plan	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total	ELIGIBLE WOMEN	N	% of Total
Amerigroup Washington Inc	119	22	18.5%	160	26	16.3%	146	22	15.1%	130	24	18.5%	120	26	21.7%
Columbia United Providers				93	25	26.9%									
Community Health Plan of WA	701	167	23.8%	516	121	23.4%	465	99	21.3%	393	107	27.2%	299	54	18.1%
Coordinated Care of WA	360	64	17.8%	306	56	18.3%	313	74	23.6%	322	73	22.7%	247	64	25.9%
Molina Healthcare of WA Inc	901	166	18.4%	908	165	18.2%	1,115	223	20.0%	1,020	199	19.5%	990	203	20.5%
United Health Care Community Plan	229	36	15.7%	216	33	15.3%	199	34	17.1%	192	30	15.6%	137	21	15.3%
Other	376	62	16.5%	306	43	14.1%	211	37	17.5%	130	31	23.8%	116	15	12.9%
Medicaid Managed Care	**2,686**	517	19.2%	**2,505**	469	18.7%	**2,449**	489	20.0%	**2,187**	464	21.2%	**1,909**	383	20.1%
Medicaid Fee for Service	**252**	35	13.9%	**199**	29	14.6%	**142**	17	12.0%	**99**	23	23.2%	**93**	12	12.9%
Total	**2,938**	552	18.8%	**2,704**	498	18.4%	**2,591**	506	19.5%	**2,286**	487	21.3%	**2,002**	395	19.7%

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 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 Case 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 6.2b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) - LARC, by Race/Ethnicity 2014-2018

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20

Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC) Within Sixty Days of Delivery

By Year and Race/Ethnicity

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total	TOTAL ELIGIBLE WOMEN	LARC Age 15-20 N	LARC Age 15-20 % of Total
Hispanic	964	231	24.0%	936	193	20.6%	876	207	23.6%	795	216	27.2%	720	178	24.7%
Not Hispanic or Ethnicity Unknown															
White	1,347	230	17.1%	1,206	228	18.9%	1,171	215	18.4%	1,004	189	18.8%	816	143	17.5%
Asian	26	7	26.9%	20	3	15.0%	26	4	15.4%	24	3	12.5%	12	1	8.3%
Black	173	19	11.0%	166	22	13.3%	153	27	17.6%	136	22	16.2%	113	20	17.7%
American Indian/Alaska Native	106	14	13.2%	117	13	11.1%	98	13	13.3%	103	22	21.4%	102	19	18.6%
Hawaiian/Pacific Islander	56	4	7.1%	72	7	9.7%	90	11	12.2%	52	4	7.7%	59	7	11.9%
More Than One Race	128	21	16.4%	73	15	20.5%	88	14	15.9%	86	12	14.0%	101	16	15.8%
Other/Unknown	138	26	18.8%	114	17	14.9%	89	15	16.9%	86	19	22.1%	79	11	13.9%
Total	2,938	552	18.8%	2,704	498	18.4%	2,591	506	19.5%	2,286	487	21.3%	2,002	395	19.7%

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 (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 7a: Childhood Immunizations by Age Two (CIS): Combination 3, by Managed Care Plan 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.

By Managed Care Plan 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations	
Medicaid Managed Care Plan	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	CHILDRE N	N	% of Total	CHILDRE N	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Amerigroup Washington Inc	699	389	55.7%	1,872	1,147	61.3%	2,576	1,701	66.0%	2,842	1,817	63.9%	2,744	1,823	66.4%
Columbia United Providers				181	110	60.8%	92	60	65.2%						
Community Health Plan of WA	7,515	5,151	68.5%	6,142	3,978	64.8%	5,740	3,831	66.7%	5,929	3,986	67.2%	5,275	3,642	69.0%
Coordinated Care of WA	2,544	1,858	73.0%	4,170	3,038	72.9%	4,312	3,148	73.0%	5,384	3,943	73.2%	5,384	3,964	73.6%
Molina Healthcare of WA Inc	14,161	8,985	63.4%	14,116	9,051	64.1%	14,712	9,251	62.9%	17,992	11,330	63.0%	18,981	12,097	63.7%
United Health Care Community Plan	1,597	971	60.8%	3,606	2,229	61.8%	4,269	2,829	66.3%	4,488	2,949	65.7%	4,499	3,036	67.5%
Native Health PCCM (mult. agencies)	240	142	59.2%	291	188	64.6%	243	139	57.2%	78	52	66.7%	32	19	59.4%
Uncategorized	6,837	4,254	62.2%	6,859	3,894	56.8%	7,307	4,255	58.2%	3,731	2,338	62.7%	3,145	2,030	64.5%
Medicaid Managed Care	**33,593**	21,750	64.7%	**37,237**	23,635	63.5%	**39,251**	25,214	64.2%	**40,444**	26,415	65.3%	**40,060**	26,611	66.4%
Medicaid Fee for Service	**2,551**	1,466	57.5%	**2,652**	1,564	59.0%	**2,408**	1,453	60.3%	**1,202**	726	60.4%	**902**	535	59.3%
Total	**36,144**	23,216	64.2%	**39,889**	25,199	63.2%	**41,659**	26,667	64.0%	**41,646**	27,141	65.2%	**40,962**	27,146	66.3%

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 that a child 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 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 enrolled in hospice. Excludes immunizations other than MMR that occur within 14 days of the same immunization type. **DTaP** = diptheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatits 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. **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

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

By Race/Ethnicity 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total
Hispanic	11,641	8,718	**74.9%**	12,622	9,214	**73.0%**	13,266	9,819	**74.0%**	13,386	9,978	**74.5%**	13,349	10,085	**75.5%**
Not Hispanic or Ethnicity Unknown															
White	16,754	9,576	**57.2%**	18,810	10,734	**57.1%**	19,267	11,187	**58.1%**	19,061	11,246	**59.0%**	17,969	10,793	**60.1%**
Asian	1,412	1,057	**74.9%**	1,609	1,231	**76.5%**	1,660	1,267	**76.3%**	1,716	1,352	**78.8%**	1,723	1,385	**80.4%**
Black	2,154	1,337	**62.1%**	2,833	1,679	**59.3%**	3,008	1,840	**61.2%**	2,847	1,757	**61.7%**	2,858	1,814	**63.5%**
American Indian/Alaska Native	734	448	**61.0%**	891	520	**58.4%**	995	570	**57.3%**	937	583	**62.2%**	1,043	638	**61.2%**
Hawaiian/Pacific Islander	720	430	**59.7%**	1,006	603	**59.9%**	1,273	746	**58.6%**	1,227	743	**60.6%**	1,208	757	**62.7%**
More Than One Race	2,132	1,346	**63.1%**	1,464	911	**62.2%**	1,354	814	**60.1%**	1,627	1,060	**65.2%**	1,960	1,235	**63.0%**
Other/Unknown	597	304	**50.9%**	654	307	**46.9%**	836	424	**50.7%**	845	422	**49.9%**	852	439	**51.5%**
Total	36,144	**23,216**	**64.2%**	**39,889**	**25,199**	**63.2%**	**41,659**	**26,667**	**64.0%**	**41,646**	**27,141**	**65.2%**	**40,962**	**27,146**	**66.3%**

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** = diptheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatits 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.

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

	2014			2015			2016			2017			2018		
	TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations	
Medicaid Managed Care Plan	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	CHILDRE N	N	% of Total	CHILDRE N	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Amerigroup Washington Inc	454	285	**62.8%**	1,033	629	**60.9%**	1,428	894	**62.6%**	1,619	1,072	**66.2%**	1,658	1,101	**66.4%**
Columbia United Providers				204	130	**63.7%**	105	70	**66.7%**						
Community Health Plan of WA	7,553	5,510	**73.0%**	6,283	4,704	**74.9%**	6,570	5,021	**76.4%**	6,632	5,190	**78.3%**	6,303	4,857	**77.1%**
Coordinated Care of WA	1,649	1,228	**74.5%**	2,583	1,975	**76.5%**	2,952	2,342	**79.3%**	4,245	3,391	**79.9%**	4,381	3,438	**78.5%**
Molina Healthcare of WA Inc	11,278	8,171	**72.5%**	12,346	9,029	**73.1%**	14,251	10,531	**73.9%**	16,951	12,571	**74.2%**	17,573	13,097	**74.5%**
United Health Care Community Plan	970	642	**66.2%**	2,067	1,473	**71.3%**	2,690	1,927	**71.6%**	3,058	2,194	**71.7%**	3,105	2,237	**72.0%**
Native Health PCCM (mult. agencies)	134	94	**70.1%**	162	132	**81.5%**	141	110	**78.0%**	114	93	**81.6%**	112	97	**86.6%**
Uncategorized	4,124	2,836	**68.8%**	4,405	2,885	**65.5%**	4,046	2,754	**68.1%**	1,846	1,315	**71.2%**	1,937	1,444	**74.5%**
Medicaid Managed Care	**26,162**	18,766	**71.7%**	**29,083**	20,957	**72.1%**	**32,183**	23,649	**73.5%**	**34,465**	25,826	**74.9%**	**35,069**	26,271	**74.9%**
Medicaid Fee for Service	**1,847**	1,161	**62.9%**	**1,818**	1,178	**64.8%**	**1,653**	1,157	**70.0%**	**1,026**	752	**73.3%**	**1,022**	757	**74.1%**
Total	**28,009**	19,927	**71.1%**	**30,901**	22,135	**71.6%**	**33,836**	24,806	**73.3%**	**35,491**	26,578	**74.9%**	**36,091**	27,028	**74.9%**

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 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. **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 toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between the adolescent's 11th and 13th 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

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total
Hispanic	9,082	7,409	**81.6%**	10,179	8,299	**81.5%**	11,499	9,593	**83.4%**	12,518	10,600	**84.7%**	13,155	11,070	**84.2%**
Not Hispanic or Ethnicity Unknown															
White	12,469	7,845	**62.9%**	13,775	8,789	**63.8%**	14,470	9,341	**64.6%**	14,639	9,746	**66.6%**	14,413	9,634	**66.8%**
Asian	1,043	801	**76.8%**	1,341	1,021	**76.1%**	1,442	1,161	**80.5%**	1,465	1,190	**81.2%**	1,403	1,149	**81.9%**
Black	1,695	1,289	**76.0%**	1,960	1,454	**74.2%**	2,188	1,670	**76.3%**	2,267	1,701	**75.0%**	2,334	1,745	**74.8%**
American Indian/Alaska Native	611	439	**71.8%**	721	548	**76.0%**	849	648	**76.3%**	916	724	**79.0%**	1,008	782	**77.6%**
Hawaiian/Pacific Islander	527	383	**72.7%**	688	507	**73.7%**	830	583	**70.2%**	951	695	**73.1%**	1,029	739	**71.8%**
More Than One Race	1,194	830	**69.5%**	719	524	**72.9%**	796	593	**74.5%**	951	698	**73.4%**	1,229	905	**73.6%**
Other/Unknown	1,388	931	**67.1%**	1,518	993	**65.4%**	1,762	1,217	**69.1%**	1,784	1,224	**68.6%**	1,520	1,004	**66.1%**
Total	28,009	**19,927**	**71.1%**	**30,901**	**22,135**	**71.6%**	**33,836**	**24,806**	**73.3%**	**35,491**	**26,578**	**74.9%**	**36,091**	**27,028**	**74.9%**

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 (x% of adolescents). **Tdap** = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between 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

Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year

By Managed Care Plan 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations		TOTAL	Had Immunizations	
Medicaid Managed Care Plan	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	CHILDRE N	N	% of Total	CHILDRE N	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Amerigroup Washington Inc	454	103	22.7%	1,033	249	24.1%	1,428	380	26.6%	1,619	470	29.0%	1,658	543	32.8%
Columbia United Providers				204	69	33.8%	105	29	27.6%						
Community Health Plan of WA	7,553	2,738	36.3%	6,283	2,492	39.7%	6,570	2,685	40.9%	6,632	2,897	43.7%	6,303	2,819	44.7%
Coordinated Care of WA	1,649	658	39.9%	2,583	1,065	41.2%	2,952	1,262	42.8%	4,245	1,945	45.8%	4,381	1,989	45.4%
Molina Healthcare of WA Inc	11,278	3,549	31.5%	12,346	4,042	32.7%	14,251	4,664	32.7%	16,951	5,899	34.8%	17,573	6,275	35.7%
United Health Care Community Plan	970	294	30.3%	2,067	670	32.4%	2,690	839	31.2%	3,058	1,019	33.3%	3,105	1,079	34.8%
Native Health PCCM (mult. agencies)	134	52	38.8%	162	70	43.2%	141	65	46.1%	114	54	47.4%	112	56	50.0%
Uncategorized	4,124	1,239	30.0%	4,405	1,173	26.6%	4,046	1,227	30.3%	1,846	622	33.7%	1,937	752	38.8%
Medicaid Managed Care	**26,162**	**8,633**	**33.0%**	**29,083**	**9,830**	**33.8%**	**32,183**	**11,151**	**34.6%**	**34,465**	**12,906**	**37.4%**	**35,069**	**13,513**	**38.5%**
Medicaid Fee for Service	**1,847**	**546**	**29.6%**	**1,818**	**531**	**29.2%**	**1,653**	**555**	**33.6%**	**1,026**	**352**	**34.3%**	**1,022**	**362**	**35.4%**
Total	**28,009**	**9,179**	**32.8%**	**30,901**	**10,361**	**33.5%**	**33,836**	**11,706**	**34.6%**	**35,491**	**13,258**	**37.4%**	**36,091**	**13,875**	**38.4%**

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 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. **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 between 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

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total	TOTAL CHILDREN	Had Immunizations N	Had Immunizations % of Total
Hispanic	9,082	3,936	**43.3%**	10,179	4,472	**43.9%**	11,499	5,234	**45.5%**	12,518	5,989	**47.8%**	13,155	6,464	**49.1%**
Not Hispanic or Ethnicity Unknown															
White	12,469	2,995	**24.0%**	13,775	3,321	**24.1%**	14,470	3,489	**24.1%**	14,639	3,921	**26.8%**	14,413	4,043	**28.1%**
Asian	1,043	488	**46.8%**	1,341	628	**46.8%**	1,442	731	**50.7%**	1,465	771	**52.6%**	1,403	718	**51.2%**
Black	1,695	568	**33.5%**	1,960	690	**35.2%**	2,188	797	**36.4%**	2,267	875	**38.6%**	2,334	909	**38.9%**
American Indian/Alaska Native	611	230	**37.6%**	721	264	**36.6%**	849	331	**39.0%**	916	360	**39.3%**	1,008	376	**37.3%**
Hawaiian/Pacific Islander	527	164	**31.1%**	688	253	**36.8%**	830	282	**34.0%**	951	357	**37.5%**	1,029	379	**36.8%**
More Than One Race	1,194	397	**33.2%**	719	243	**33.8%**	796	269	**33.8%**	951	320	**33.6%**	1,229	442	**36.0%**
Other/Unknown	1,388	401	**28.9%**	1,518	490	**32.3%**	1,762	573	**32.5%**	1,784	665	**37.3%**	1,520	544	**35.8%**
Total	28,009	**9,179**	**32.8%**	**30,901**	**10,361**	**33.5%**	**33,836**	**11,706**	**34.6%**	**35,491**	**13,258**	**37.4%**	**36,091**	**13,875**	**38.4%**

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 (x% 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

Measure W15 -- Well Child Visits in the First 15 Months of Life
Percentage With Six or More Well Visits
By Managed Care Plan 2014 to 2018

	2014			2015			2016			2017			2018		
	TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits	
Medicaid Managed Care Plan	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	CHILDREN	N	% of Total	CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Amerigroup Washington Inc	747	502	**67.2%**	1,093	776	**71.0%**	1,729	1,248	**72.2%**	2,184	1,606	**73.5%**	2,315	1,694	**73.2%**
Community Health Plan of WA	5,708	3,287	**57.6%**	3,040	1,958	**64.4%**	3,858	2,848	**73.8%**	4,487	3,387	**75.5%**	4,395	3,364	**76.5%**
Coordinated Care of WA	2,361	1,650	**69.9%**	2,200	1,561	**71.0%**	2,807	2,071	**73.8%**	4,147	3,029	**73.0%**	4,487	3,476	**77.5%**
Molina Healthcare of WA Inc	10,219	6,535	**63.9%**	7,420	4,842	**65.3%**	9,794	6,802	**69.5%**	14,386	9,832	**68.3%**	15,015	10,481	**69.8%**
United Health Care Community Plan	1,674	905	**54.1%**	1,965	1,164	**59.2%**	2,735	2,010	**73.5%**	3,337	2,420	**72.5%**	3,470	2,477	**71.4%**
Other/Uncategorized	11,909	5,999	**50.4%**	18,181	8,775	**48.3%**	15,284	8,073	**52.8%**	8,923	4,740	**53.1%**	5,775	3,218	**55.7%**
Medicaid Managed Care	**32,618**	**18,878**	**57.9%**	**33,899**	**19,076**	**56.3%**	**36,207**	**23,052**	**63.7%**	**37,464**	**25,014**	**66.8%**	**35,457**	**24,710**	**69.7%**
Medicaid Fee for Service	**1,391**	**686**	**49.3%**	**2,028**	**838**	**41.3%**	**1,762**	**821**	**46.6%**	**947**	**384**	**40.5%**	**869**	**394**	**45.3%**
Total	**34,009**	**19,564**	**57.5%**	**35,927**	**19,914**	**55.4%**	**37,969**	**23,873**	**62.9%**	**38,411**	**25,398**	**66.1%**	**36,326**	**25,104**	**69.1%**

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

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Six or More Well Visits N	Six or More Well Visits % of Total	TOTAL CHILDREN	Six or More Well Visits N	Six or More Well Visits % of Total	TOTAL CHILDREN	Six or More Well Visits N	Six or More Well Visits % of Total	TOTAL CHILDREN	Six or More Well Visits N	Six or More Well Visits % of Total	TOTAL CHILDREN	Six or More Well Visits N	Six or More Well Visits % of Total
Hispanic	11,570	7,422	**64.1%**	12,163	7,586	**62.4%**	12,556	8,695	**69.2%**	13,010	9,412	**72.3%**	12,346	9,275	**75.1%**
Not Hispanic or Ethnicity Unknown															
White	15,163	8,127	**53.6%**	16,068	8,326	**51.8%**	17,310	10,159	**58.7%**	16,712	10,223	**61.2%**	15,327	9,964	**65.0%**
Asian	1,244	836	**67.2%**	1,434	935	**65.2%**	1,543	1,108	**71.8%**	1,572	1,232	**78.4%**	1,541	1,221	**79.2%**
Black	2,189	1,163	**53.1%**	2,566	1,305	**50.9%**	2,647	1,680	**63.5%**	2,664	1,799	**67.5%**	2,366	1,691	**71.5%**
American Indian/Alaska Native	663	277	**41.8%**	783	290	**37.0%**	805	377	**46.8%**	824	416	**50.5%**	891	480	**53.9%**
Hawaiian/Pacific Islander	664	361	**54.4%**	937	466	**49.7%**	1,045	621	**59.4%**	1,105	677	**61.3%**	925	571	**61.7%**
More Than One Race	2,285	1,264	**55.3%**	1,581	830	**52.5%**	1,602	1,006	**62.8%**	2,048	1,369	**66.8%**	2,510	1,656	**66.0%**
Other/Unknown	231	114	**49.4%**	395	176	**44.6%**	461	227	**49.2%**	476	270	**56.7%**	420	246	**58.6%**
Total	34,009	**19,564**	**57.5%**	**35,927**	**19,914**	**55.4%**	**37,969**	**23,873**	**62.9%**	**38,411**	**25,398**	**66.1%**	**36,326**	**25,104**	**69.1%**

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

	2014			2015			2016			2017			2018		
	TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit	
Medicaid Managed Care Plan	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Amerigroup Washington Inc	2,873	1,842	64.1%	5,997	3,432	57.2%	8,717	5,959	68.4%	9,010	5,473	60.7%	10,124	6,394	63.2%
Columbia United Providers				5,816	3,537	60.8%									
Community Health Plan of WA	34,316	21,986	64.1%	30,206	19,091	63.2%	26,814	18,709	69.8%	25,864	16,852	65.2%	22,211	14,934	67.2%
Coordinated Care of WA	10,567	7,206	68.2%	13,862	8,905	64.2%	17,375	12,764	73.5%	21,545	15,146	70.3%	20,856	15,110	72.4%
Molina Healthcare of WA Inc	58,214	38,218	65.7%	65,748	42,493	64.6%	74,007	51,764	69.9%	76,855	49,098	63.9%	76,123	49,316	64.8%
United Health Care Community Plan	7,281	4,732	65.0%	11,735	7,468	63.6%	15,779	11,110	70.4%	16,372	10,441	63.8%	16,665	11,021	66.1%
Native Health PCCM (mult. agencies)	704	372	52.8%	972	500	51.4%	929	534	57.5%	739	391	52.9%	482	258	53.5%
Uncategorized	22,132	13,393	60.5%	17,106	10,338	60.4%	15,781	11,228	71.1%	8,321	5,370	64.5%	9,301	6,235	67.0%
Medicaid Managed Care	**136,087**	**87,749**	**64.5%**	**151,442**	**95,764**	**63.2%**	**159,402**	**112,068**	**70.3%**	**158,706**	**102,771**	**64.8%**	**155,762**	**103,268**	**66.3%**
Medicaid Fee for Service	**6,644**	**3,815**	**57.4%**	**7,112**	**4,128**	**58.0%**	**3,738**	**2,175**	**58.2%**	**3,798**	**1,966**	**51.8%**	**3,823**	**2,076**	**54.3%**
Total	**142,731**	**91,564**	**64.2%**	**158,554**	**99,892**	**63.0%**	**163,140**	**114,243**	**70.0%**	**162,504**	**104,737**	**64.5%**	**159,585**	**105,344**	**66.0%**

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. **PCCM** 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

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total
Hispanic	51,471	35,524	**69.0%**	54,327	36,538	**67.3%**	53,579	40,254	**75.1%**	53,526	37,555	**70.2%**	53,025	37,887	**71.5%**
Not Hispanic or Ethnicity Unknown															
White	59,954	36,374	**60.7%**	69,449	41,876	**60.3%**	72,981	49,207	**67.4%**	70,829	43,510	**61.4%**	68,133	43,075	**63.2%**
Asian	5,212	3,665	**70.3%**	6,049	4,238	**70.1%**	6,300	4,762	**75.6%**	6,178	4,353	**70.5%**	5,915	4,236	**71.6%**
Black	8,608	5,507	**64.0%**	10,611	6,762	**63.7%**	11,503	7,868	**68.4%**	11,508	7,254	**63.0%**	11,244	7,245	**64.4%**
American Indian/Alaska Native	2,947	1,614	**54.8%**	3,852	2,035	**52.8%**	4,106	2,446	**59.6%**	4,267	2,294	**53.8%**	4,505	2,529	**56.1%**
Hawaiian/Pacific Islander	2,616	1,560	**59.6%**	3,815	2,190	**57.4%**	4,552	2,929	**64.3%**	4,646	2,658	**57.2%**	4,554	2,630	**57.8%**
More Than One Race	7,171	4,481	**62.5%**	5,192	3,083	**59.4%**	5,421	3,706	**68.4%**	6,451	3,980	**61.7%**	7,445	4,746	**63.7%**
Other/Unknown	4,752	2,839	**59.7%**	5,259	3,170	**60.3%**	4,698	3,071	**65.4%**	5,099	3,133	**61.4%**	4,764	2,996	**62.9%**
Total	142,731	**91,564**	**64.2%**	**158,554**	**99,892**	**63.0%**	**163,140**	**114,243**	**70.0%**	**162,504**	**104,737**	**64.5%**	**159,585**	**105,344**	**66.0%**

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

	2014			2015			2016			2017			2018		
	TOTAL ELIGIBLE	Had Visit		TOTAL ELIGIBLE	Had Visit		TOTAL ELIGIBLE	Had Visit		TOTAL ELIGIBLE	Had Visit		TOTAL ELIGIBLE	Had Visit	
Medicaid Managed Care Plan	CHILDREN	N	% of Total	CHILDREN	N	% of Total	CHILDREN	N	% of Total	CHILDREN	N	% of Total	CHILDREN	N	% of Total
Amerigroup Washington Inc	6,330	2,165	34.2%	12,594	4,031	32.0%	14,077	5,409	38.4%	14,411	4,747	32.9%	14,515	4,751	32.7%
Columbia United Providers				9,913	3,107	31.3%									
Community Health Plan of WA	51,779	18,830	36.4%	51,086	18,280	35.8%	55,753	23,332	41.8%	51,469	21,070	40.9%	46,633	19,285	41.4%
Coordinated Care of WA	16,281	6,255	38.4%	22,727	7,780	34.2%	27,211	11,746	43.2%	34,491	14,232	41.3%	33,474	14,364	42.9%
Molina Healthcare of WA Inc	78,541	33,487	42.6%	98,109	39,898	40.7%	134,593	58,158	43.2%	131,889	51,589	39.1%	135,286	54,447	40.2%
United Health Care Community Plan	12,348	4,651	37.7%	20,928	7,667	36.6%	25,390	10,604	41.8%	25,759	9,817	38.1%	25,128	10,260	40.8%
Native Health PCCM (mult. agencies)	1,067	291	27.3%	1,531	410	26.8%	1,250	401	32.1%	880	259	29.4%	756	254	33.6%
Uncategorized	39,258	12,945	33.0%	33,036	10,811	32.7%	29,671	11,696	39.4%	12,495	4,743	38.0%	14,425	6,106	42.3%
Medicaid Managed Care	**205,604**	78,624	38.2%	**249,924**	91,984	36.8%	**287,945**	121,346	42.1%	**271,394**	106,457	39.2%	**270,217**	109,467	40.5%
Medicaid Fee for Service	**14,746**	4,435	30.1%	**15,770**	4,717	29.9%	**9,453**	2,764	29.2%	**8,512**	2,284	26.8%	**8,679**	2,514	29.0%
Total	**220,350**	83,059	37.7%	**265,694**	96,701	36.4%	**297,398**	124,110	41.7%	**279,906**	108,741	38.8%	**278,896**	111,981	40.2%

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 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 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 7-20 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

	2014			2015			2016			2017			2018		
	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total	TOTAL CHILDREN	Had Visit N	Had Visit % of Total
Hispanic	65,254	27,200	**41.7%**	79,195	31,759	**40.1%**	94,477	44,334	**46.9%**	90,063	40,406	**44.9%**	93,674	43,496	**46.4%**
Not Hispanic or Ethnicity Unknown															
White	102,633	35,309	**34.4%**	124,123	41,436	**33.4%**	133,090	50,446	**37.9%**	122,485	42,060	**34.3%**	116,821	41,580	**35.6%**
Asian	10,270	4,615	**44.9%**	12,606	5,472	**43.4%**	13,512	6,602	**48.9%**	12,736	5,830	**45.8%**	12,352	5,663	**45.8%**
Black	14,557	5,925	**40.7%**	18,233	6,968	**38.2%**	19,884	8,582	**43.2%**	18,758	7,433	**39.6%**	18,421	7,414	**40.2%**
American Indian/Alaska Native	5,033	1,511	**30.0%**	6,885	2,059	**29.9%**	7,824	2,570	**32.8%**	7,539	2,211	**29.3%**	8,438	2,564	**30.4%**
Hawaiian/Pacific Islander	4,329	1,636	**37.8%**	6,395	2,362	**36.9%**	7,752	3,190	**41.2%**	7,377	2,823	**38.3%**	7,361	2,772	**37.7%**
More Than One Race	8,035	3,117	**38.8%**	5,535	2,029	**36.7%**	6,754	2,734	**40.5%**	8,006	2,904	**36.3%**	9,653	3,729	**38.6%**
Other/Unknown	10,239	3,746	**36.6%**	12,722	4,616	**36.3%**	14,105	5,652	**40.1%**	12,942	5,074	**39.2%**	12,176	4,763	**39.1%**
Total	220,350	**83,059**	**37.7%**	**265,694**	**96,701**	**36.4%**	**297,398**	**124,110**	**41.7%**	**279,906**	**108,741**	**38.8%**	**278,896**	**111,981**	**40.2%**

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

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 Managed Care Plan, 2014 to 2018

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Total Women**	**Screened for Chlamydia**	% of Total	**Total Women**	**Screened for Chlamydia**	% of Total	**Total Women**	**Screened for Chlamydia**	% of Total	**Total Women**	**Screened for Chlamydia**	% of Total	**Total Women**	**Screened for Chlamydia**	% of Total
Amerigroup Washington Inc	724	278	38.4%	1,517	764	50.4%	1,691	845	50.0%	1,744	879	50.4%	1,686	773	45.8%
Columbia United Providers				998	403	40.4%									
Community Health Plan of WA	5,230	2,226	42.6%	5,406	2,544	47.1%	5,544	2,653	47.9%	5,394	2,528	46.9%	4,777	2,260	47.3%
Coordinated Care of Washington	1,707	797	46.7%	2,421	1,171	48.4%	2,799	1,341	47.9%	3,989	2,045	51.3%	3,906	2,029	51.9%
Molina Healthcare of WA	8,411	4,068	48.4%	10,856	5,392	49.7%	14,169	6,972	49.2%	15,124	7,451	49.3%	15,310	7,407	48.4%
UnitedHealthcare Community Plar	1,327	472	35.6%	2,358	1,043	44.2%	2,749	1,218	44.3%	2,941	1,307	44.4%	2,779	1,227	44.2%
Native Health PCCM (mult. agencies)	137	66	48.2%	199	79	39.7%	147	67	45.6%	95	48	50.5%	90	47	52.2%
Uncategorized	6,776	3,650	53.9%	5,715	3,109	54.4%	4,400	2,360	53.6%	2,073	1,109	53.5%	2,146	1,152	53.7%
Medicaid Managed Care	24,312	11,557	47.5%	29,470	14,505	49.2%	31,499	15,456	49.1%	31,360	15,367	49.0%	30,694	14,895	48.5%
Medicaid Fee for Service	2,993	1,350	45.1%	2,723	1,271	46.7%	1,621	715	44.1%	1,478	685	46.3%	1,393	612	43.9%
Total	**27,305**	**12,907**	**47.3%**	**32,193**	**15,776**	**49.0%**	**33,120**	**16,171**	**48.8%**	**32,838**	**16,052**	**48.9%**	**32,087**	**15,507**	**48.3%**

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 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** 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. **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 Years (CHL), by Race/Ethnicity 2014-2018

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

	2014			2015			2016			2017			2018		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Hispanic	7,003	3,493	49.9%	8,237	4,172	50.6%	8,709	4,339	49.8%	9,161	4,680	51.1%	9,513	4,819	50.7%
Not Hispanic or Ethnicity Unknown															
White	14,889	6,802	45.7%	17,658	8,433	47.8%	17,673	8,417	47.6%	16,819	7,916	47.1%	15,676	7,279	46.4%
Asian	676	261	38.6%	847	374	44.2%	961	442	46.0%	975	453	46.5%	903	388	43.0%
Black	1,705	936	54.9%	2,112	1,227	58.1%	2,154	1,229	57.1%	2,100	1,156	55.0%	1,999	1,046	52.3%
American Indian/Alaska Nativ	781	378	48.4%	1,051	491	46.7%	1,074	523	48.7%	1,038	507	48.8%	1,125	554	49.2%
Hawaiian/Pacific Islander	422	203	48.1%	564	261	46.3%	653	336	51.5%	617	323	52.4%	559	275	49.2%
More Than One Race	1,256	630	50.2%	962	521	54.2%	1,051	549	52.2%	1,248	668	53.5%	1,342	749	55.8%
Other/Unknown	573	204	35.6%	762	297	39.0%	845	336	39.8%	880	349	39.7%	970	397	40.9%
Total	**27,305**	**12,907**	**47.3%**	**32,193**	**15,776**	**49.0%**	**33,120**	**16,171**	**48.8%**	**32,838**	**16,052**	**48.9%**	**32,087**	**15,507**	**48.3%**

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 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)

By Managed Care Plan 2014-2018

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Eligible Children (N)**	**Child Had PCP Visit 2013 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2014 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2015 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2016 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2017 (N)**	**Eligible Children with PCP Visit (%)**
Amerigroup Washington Inc	1,451	1,392	95.9%	2,445	2,330	95.3%	2,896	2,718	93.9%	2,865	2,690	93.9%	2,912	2,752	94.5%
Columbia United Providers				1,303	1,245	95.5%									
Community Health Plan of WA	7,104	6,841	96.3%	5,750	5,457	94.9%	6,168	5,860	95.0%	5,898	5,661	96.0%	5,136	4,951	96.4%
Coordinated Care of Washington	3,870	3,681	95.1%	4,212	4,011	95.2%	4,623	4,428	95.8%	5,675	5,442	95.9%	5,093	4,891	96.0%
Molina Healthcare of Washington Inc	13,172	12,862	97.6%	13,782	13,403	97.3%	17,594	16,993	96.6%	19,370	18,706	96.6%	18,519	17,885	96.6%
UnitedHealthcare Community Plan	3,042	2,844	93.5%	3,966	3,734	94.2%	4,435	4,179	94.2%	4,616	4,422	95.8%	4,292	4,078	95.0%
Native Health PCCM (multiple agencies)	234	221	94.4%	256	245	95.7%	87	86	98.9%	34	32	94.1%	32	30	93.8%
Uncategorized	8,762	8,338	95.2%	8,849	8,385	94.8%	6,586	6,274	95.3%	3,722	3,508	94.3%	3,692	3,509	95.0%
Medicaid Managed Care	37,635	36,179	96.1%	40,563	38,810	95.7%	42,389	40,538	95.6%	42,180	40,461	95.9%	39,676	38,096	96.0%
Medicaid Fee for Service	1,842	1,717	93.2%	1,900	1,791	94.3%	953	881	92.4%	849	794	93.5%	888	831	93.6%
Total Medicaid	**39,477**	**37,896**	**96.0%**	**42,463**	**40,601**	**95.6%**	**43,342**	**41,419**	**95.6%**	**43,029**	**41,255**	**95.9%**	**40,564**	**38,927**	**96.0%**

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. **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. **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

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

By Race/Ethnicity 2014-2018

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

	2014			2015			2016			2017			2018		
	Eligible Children (N)	Child Had PCP Visit 2013 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2016 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2017 (N)	Eligible Children with PCP Visit (%)
Hispanic	13,007	12,677	97.5%	13,815	13,388	96.9%	14,116	13,679	96.9%	14,205	13,823	97.3%	13,385	12,988	97.0%
Not Hispanic or Ethnicity Unknown															
White	17,998	17,126	95.2%	19,385	18,412	95.0%	19,837	18,877	95.2%	18,791	17,914	95.3%	17,297	16,512	95.5%
Asian	1,493	1,447	96.9%	1,723	1,651	95.8%	1,771	1,683	95.0%	1,845	1,766	95.7%	1,718	1,647	95.9%
Black	2,562	2,449	95.6%	3,013	2,887	95.8%	2,922	2,772	94.9%	2,949	2,810	95.3%	2,676	2,568	96.0%
American Indian/Alaska Native	796	753	94.6%	933	879	94.2%	890	854	96.0%	958	925	96.6%	1,050	1,000	95.2%
Hawaiian/Pacific Islander	846	802	94.8%	1,211	1,128	93.1%	1,230	1,139	92.6%	1,222	1,134	92.8%	1,083	1,006	92.9%
More Than One Race	2,319	2,239	96.6%	1,723	1,652	95.9%	1,813	1,740	96.0%	2,300	2,205	95.9%	2,759	2,648	96.0%
Other/Unknown	456	403	88.4%	660	604	91.5%	763	675	88.5%	759	678	89.3%	596	558	93.6%
Total Medicaid	**39,477**	**37,896**	**96.0%**	**42,463**	**40,601**	**95.6%**	**43,342**	**41,419**	**95.6%**	**43,029**	**41,255**	**95.9%**	**40,564**	**38,927**	**96.0%**

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.

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

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Eligible Children (N)**	**Child Had PCP Visit 2013 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2014 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2015 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2016 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2017 (N)**	**Eligible Children with PCP Visit (%)**
Amerigroup Washington Inc	3,677	3,006	81.8%	7,914	6,186	78.2%	10,128	8,174	80.7%	11,666	9,374	80.4%	12,651	10,278	81.2%
Columbia United Providers				7,062	5,978	84.7%									
Community Health Plan of WA	41,216	35,151	85.3%	35,948	29,969	83.4%	33,831	28,014	82.8%	31,425	26,112	83.1%	27,108	22,858	84.3%
Coordinated Care of Washington	13,268	11,352	85.6%	17,848	15,233	85.3%	20,759	17,623	84.9%	26,772	22,972	85.8%	25,745	22,131	86.0%
Molina Healthcare of Washington Inc	71,152	63,255	88.9%	79,574	69,878	87.8%	91,964	78,975	85.9%	94,194	80,473	85.4%	94,172	81,028	86.0%
UnitedHealthcare Community Plan	9,179	7,592	82.7%	15,255	12,496	81.9%	18,741	15,191	81.1%	20,613	16,809	81.5%	20,741	17,143	82.7%
Native Health PCCM (multiple agencies)	892	747	83.7%	1,248	1,048	84.0%	1,096	916	83.6%	804	659	82.0%	505	420	83.2%
Uncategorized	27,814	23,042	82.8%	21,481	17,639	82.1%	18,694	15,784	84.4%	10,359	8,855	85.5%	11,542	9,921	86.0%
Medicaid Managed Care	167,198	144,145	86.2%	186,330	158,427	85.0%	195,213	164,677	84.4%	195,833	165,254	84.4%	192,464	163,779	85.1%
Medicaid Fee for Service	8,083	6,703	82.9%	8,655	7,229	83.5%	4,705	3,828	81.4%	4,591	3,747	81.6%	4,614	3,879	84.1%
Total Medicaid	**175,281**	**150,848**	**86.1%**	**194,985**	**165,656**	**85.0%**	**199,918**	**168,505**	**84.3%**	**200,424**	**169,001**	**84.3%**	**197,078**	**167,658**	**85.1%**

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

	2014			2015			2016			2017			2018		
	Eligible Children (N)	Child Had PCP Visit 2013 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2016 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2017 (N)	Eligible Children with PCP Visit (%)
Hispanic	63,213	55,845	88.3%	67,104	58,721	87.5%	66,824	58,305	87.3%	66,081	57,598	87.2%	65,802	57,765	87.8%
Not Hispanic or Ethnicity Unknown															
White	72,870	61,866	84.9%	83,829	70,285	83.8%	87,641	72,923	83.2%	87,135	72,686	83.4%	83,133	69,977	84.2%
Asian	5,956	5,255	88.2%	7,043	6,146	87.3%	7,506	6,473	86.2%	7,541	6,522	86.5%	7,217	6,255	86.7%
Black	9,951	8,445	84.9%	12,039	10,129	84.1%	13,665	11,269	82.5%	13,834	11,351	82.1%	13,364	11,138	83.3%
American Indian/Alaska Native	3,303	2,784	84.3%	4,248	3,558	83.8%	4,897	4,081	83.3%	4,895	4,038	82.5%	4,952	4,203	84.9%
Hawaiian/Pacific Islander	2,999	2,404	80.2%	4,133	3,154	76.3%	5,309	4,023	75.8%	5,583	4,228	75.7%	5,472	4,131	75.5%
More Than One Race	11,819	10,119	85.6%	10,795	9,048	83.8%	7,984	6,617	82.9%	9,424	7,868	83.5%	11,591	9,777	84.3%
Other/Unknown	5,170	4,130	79.9%	5,794	4,615	79.7%	6,092	4,814	79.0%	5,931	4,710	79.4%	5,547	4,412	79.5%
Total Medicaid	**175,281**	**150,848**	**86.1%**	**194,985**	**165,656**	**85.0%**	**199,918**	**168,505**	**84.3%**	**200,424**	**169,001**	**84.3%**	**197,078**	**167,658**	**85.1%**

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 hospi 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 Firs 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) (CAP): Ages 7-11 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 7 to 11 Years Enrolled in Medicaid/CHIP

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Eligible Children (N)**	**Child Had PCP Visit 2012 or 2013 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2013 or 2014 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2014 or 2015 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2015 or 2016 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2016 or 2017 (N)**	**Eligible Children with PCP Visit (%)**
Amerigroup Washington Inc	1,871	1,616	86.4%	4,639	3,919	84.5%	7,059	5,882	83.3%	7,708	6,396	83.0%	8,313	6,979	84.0%
Columbia United Providers				6,857	6,010	87.6%									
Community Health Plan of WA	38,355	34,346	89.5%	33,834	30,297	89.5%	35,125	31,156	88.7%	33,873	29,981	88.5%	30,076	26,715	88.8%
Coordinated Care of Washington	9,682	8,802	90.9%	13,448	12,021	89.4%	17,133	15,256	89.0%	23,143	20,569	88.9%	21,778	19,356	88.9%
Molina Healthcare of Washington Inc	62,069	56,877	91.6%	71,742	65,795	91.7%	88,406	80,105	90.6%	92,202	82,787	89.8%	91,637	82,410	89.9%
UnitedHealthcare Community Plan	5,977	5,257	88.0%	10,351	9,014	87.1%	14,031	12,064	86.0%	15,261	13,031	85.4%	15,276	13,214	86.5%
Native Health PCCM (multiple agencies)	640	550	85.9%	792	679	85.7%	839	721	85.9%	685	575	83.9%	539	446	82.7%
Uncategorized	16,451	14,559	88.5%	11,425	10,096	88.4%	13,793	12,103	87.7%	7,537	6,673	88.5%	9,004	8,210	91.2%
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%**	**161,459**	**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

Measure CAP - Children and Adolescent Access to Primary Care Practitioners (PCP)
By Race/Ethnicity 2014-2018
For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP

	2014			2015			2016			2017			2018		
	Eligible Children (N)	Child Had PCP Visit 2012 or 2013 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2013 or 2014 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 or 2015 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 or 2016 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2016 or 2017 (N)	Eligible Children with PCP Visit (%)
Hispanic	54,956	50,672	92.2%	61,203	56,351	92.1%	67,610	61,890	91.5%	68,668	62,683	91.3%	67,422	61,800	91.7%
Not Hispanic or Ethnicity Unknown															
White	55,974	49,781	88.9%	64,441	57,060	88.5%	73,517	64,725	88.0%	74,491	65,186	87.5%	71,703	63,047	87.9%
Asian	4,693	4,248	90.5%	5,901	5,326	90.3%	6,666	5,980	89.7%	6,658	5,978	89.8%	6,471	5,795	89.6%
Black	8,080	7,142	88.4%	9,420	8,378	88.9%	11,605	10,211	88.0%	12,136	10,586	87.2%	11,682	10,186	87.2%
American Indian/Alaska Native	2,795	2,452	87.7%	3,317	2,892	87.2%	4,438	3,857	86.9%	4,756	4,131	86.9%	4,690	4,080	87.0%
Hawaiian/Pacific Islander	2,430	2,031	83.6%	2,952	2,480	84.0%	4,123	3,349	81.2%	4,485	3,543	79.0%	4,363	3,506	80.4%
More Than One Race	8,327	7,430	89.2%	7,976	7,091	88.9%	6,237	5,434	87.1%	7,533	6,586	87.4%	9,495	8,321	87.6%
Other/Unknown	5,634	4,933	87.6%	6,249	5,424	86.8%	6,728	5,767	85.7%	6,430	5,455	84.8%	5,686	4,877	85.8%
Total Medicaid	**142,889**	**128,689**	**90.1%**	**161,459**	**145,002**	**89.8%**	**180,924**	**161,213**	**89.1%**	**185,157**	**164,148**	**88.7%**	**181,512**	**161,612**	**89.0%**

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.

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 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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Eligible Children (N)**	**Child Had PCP Visit 2012 or 2013 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2013 or 2014 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2014 or 2015 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2015 or 2016 (N)**	**Eligible Children with PCP Visit (%)**	**Eligible Children (N)**	**Child Had PCP Visit 2016 or 2017 (N)**	**Eligible Children with PCP Visit (%)**
Amerigroup Washington Inc	2,540	2,138	84.2%	6,267	5,309	84.7%	9,257	7,754	83.8%	10,010	8,342	83.3%	10,564	8,856	83.8%
Columbia United Providers				8,325	7,221	86.7%									
Community Health Plan of WA	45,374	39,952	88.1%	40,179	35,356	88.0%	42,027	36,804	87.6%	41,913	36,862	87.9%	38,287	33,785	88.2%
Coordinated Care of Washington	10,921	9,757	89.3%	15,679	13,776	87.9%	20,196	17,810	88.2%	28,243	24,806	87.8%	27,716	24,288	87.6%
Molina Healthcare of Washington Inc	69,224	63,397	91.6%	80,123	73,150	91.3%	101,181	91,682	90.6%	107,920	97,120	90.0%	111,278	100,078	89.9%
UnitedHealthcare Community Plan	7,159	6,168	86.2%	12,665	10,880	85.9%	17,183	14,725	85.7%	18,803	16,034	85.3%	19,088	16,480	86.3%
Native Health PCCM (multiple agencies)	799	689	86.2%	980	863	88.1%	983	855	87.0%	795	681	85.7%	667	577	86.5%
Uncategorized	20,271	17,792	87.8%	15,949	14,064	88.2%	17,869	15,495	86.7%	8,949	7,955	88.9%	10,903	9,809	90.0%
Medicaid Managed Care	156,288	139,893	89.5%	180,167	160,619	89.2%	208,696	185,125	88.7%	216,633	191,800	88.5%	218,503	193,873	88.7%
Medicaid Fee for Service	11,121	9,481	85.3%	11,709	10,044	85.8%	6,261	5,500	87.8%	6,467	5,750	88.9%	6,698	5,947	88.8%
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%**

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

	2014			2015			2016			2017			2018		
	Eligible Children (N)	Child Had PCP Visit 2012 or 2013 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2013 or 2014 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 or 2015 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 or 2016 (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2016 or 2017 (N)	Eligible Children with PCP Visit (%)
Hispanic	53,532	48,754	91.1%	61,846	56,057	90.6%	70,501	63,700	90.4%	75,703	68,719	90.8%	79,686	72,476	91.0%
Not Hispanic or Ethnicity Unknown															
White	74,793	66,320	88.7%	85,646	75,647	88.3%	95,219	84,076	88.3%	95,445	83,855	87.9%	92,014	80,972	88.0%
Asian	6,681	5,859	87.7%	8,467	7,475	88.3%	9,694	8,567	88.4%	9,761	8,603	88.1%	9,541	8,366	87.7%
Black	10,584	9,358	88.4%	11,889	10,471	88.1%	13,919	12,175	87.5%	14,355	12,513	87.2%	14,110	12,337	87.4%
American Indian/Alaska Native	3,491	3,130	89.7%	4,158	3,744	90.0%	5,353	4,764	89.0%	5,666	5,033	88.8%	5,894	5,247	89.0%
Hawaiian/Pacific Islander	2,882	2,417	83.9%	3,516	2,974	84.6%	4,878	4,046	82.9%	5,500	4,460	81.1%	5,583	4,460	79.9%
More Than One Race	9,131	8,169	89.5%	8,545	7,611	89.1%	6,139	5,439	88.6%	7,483	6,622	88.5%	9,629	8,582	89.1%
Other/Unknown	6,315	5,367	85.0%	7,809	6,684	85.6%	9,254	7,858	84.9%	9,187	7,745	84.3%	8,744	7,380	84.4%
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

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**
Amerigroup Washington Inc	13,263	362,024	36.6	20,044	497,475	40.3	22,279	552,055	40.4	21,959	576,812	38.1	23,399	617,605	37.9
Columbia United Providers				11,147	390,923	28.5									
Community Health Plan of WA	84,047	2,198,514	38.2	78,535	1,885,399	41.7	73,607	1,835,806	40.1	66,068	1,743,985	37.9	59,116	1,576,883	37.5
Coordinated Care of Washington	36,993	823,156	44.9	41,390	909,472	45.5	51,096	1,170,940	43.6	53,743	1,267,064	42.4	52,767	1,263,062	41.8
Molina Healthcare of WA	134,620	3,507,725	38.4	147,887	3,815,868	38.8	167,054	4,545,025	36.8	166,003	4,748,385	35.0	164,182	4,797,120	34.2
UnitedHealthcare Community Plan	24,510	669,871	36.6	32,018	852,728	37.5	34,178	967,266	35.3	33,688	1,016,587	33.1	32,869	1,011,949	32.5
Native Health PCCM (mult. agencies)	3,044	60,297	50.5	3,274	62,935	52.0	2,265	46,620	48.6	1,557	34,340	45.3	1,094	25,928	42.2
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 14.0b: Ambulatory Care – Emergency Department Visits (AMB): Ages 0-19 Years, by Race/Ethnicity 2014-2018

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

	2014			2015			2016			2017			2018		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	119,177	2,733,347	43.6	130,159	2,924,148	44.5	130,909	3,033,215	43.2	124,610	3,068,159	40.6	120,443	3,029,740	39.8
Not Hispanic or Ethnicity Unknown															
White	141,772	3,828,102	37.0	156,719	4,130,353	37.9	157,630	4,276,746	36.9	152,928	4,320,016	35.4	148,729	4,277,789	34.8
Asian	5,087	292,558	17.4	5,726	310,070	18.5	5,372	316,343	17.0	5,379	315,681	17.0	5,253	303,956	17.3
Black	21,935	480,860	45.6	24,641	515,268	47.8	22,782	531,487	42.9	21,468	540,839	39.7	21,177	538,910	39.3
American Indian/Alaska Native	8,122	174,221	46.6	8,935	193,106	46.3	9,072	199,724	45.4	9,009	205,398	43.9	8,904	212,355	41.9
Hawaiian/Pacific Islander	6,166	161,945	38.1	7,177	189,344	37.9	7,750	210,032	36.9	7,634	218,847	34.9	7,590	221,782	34.2
More Than One Race	25,678	588,763	43.6	27,362	629,072	43.5	27,461	650,524	42.2	25,645	655,574	39.1	24,106	639,552	37.7
Other/Unknown	10,161	309,164	32.9	9,901	327,712	30.2	9,197	350,242	26.3	8,776	368,410	23.8	9,022	375,782	24.0
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. **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

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**
Amerigroup Washington Inc	2,505	35,354	70.9	3,161	42,892	73.7	3,615	46,559	77.6	3,276	46,598	70.3	3,401	47,183	72.1
Columbia United Providers				1,300	21,801	59.6									
Community Health Plan of WA	8,568	109,776	78.0	7,993	95,795	83.4	7,814	95,009	82.2	7,276	89,772	81.0	6,332	79,999	79.2
Coordinated Care of Washington	6,243	68,160	91.6	5,868	64,447	91.1	6,800	77,081	88.2	7,129	80,153	88.9	6,451	74,689	86.4
Molina Healthcare of WA	14,015	189,517	74.0	15,735	207,004	76.0	18,682	262,255	71.2	18,858	275,568	68.4	18,181	269,862	67.4
UnitedHealthcare Community Plan	4,127	59,727	69.1	4,668	65,768	71.0	4,478	70,355	63.6	4,542	70,964	64.0	4,134	66,989	61.7
Native Health PCCM (mult. agencies)	483	4,567	105.8	476	3,973	119.8	137	1,393	98.3	90	857	105.0	65	619	105.0
Medicaid Managed Care	35,941	467,101	76.9	39,201	501,680	78.1	41,526	552,652	75.1	41,171	563,912	73.0	38,564	539,341	71.5
Medicaid Fee for Service	6,408	96,172	66.6	5,996	86,998	68.9	3,030	48,052	63.1	1,527	27,158	56.2	1,394	25,717	54.2
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**	**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. 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

	2014			2015			2016			2017			2018		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	15,524	165,379	93.9	16,287	164,915	98.8	16,071	165,545	97.1	14,364	152,344	94.3	12,404	134,095	92.5
Not Hispanic or Ethnicity Unknown															
White	15,286	251,327	60.8	19,510	310,827	62.8	19,439	322,529	60.3	19,840	329,438	60.2	19,762	331,452	59.6
Asian	640	13,877	46.1	659	13,920	47.3	557	14,006	39.8	620	14,152	43.8	540	12,014	44.9
Black	2,932	31,763	92.3	3,032	33,398	90.8	2,717	31,815	85.4	2,429	30,371	80.0	2,431	29,646	82.0
American Indian/Alaska Native	1,070	11,257	95.1	1,142	11,428	99.9	1,147	11,744	97.7	1,278	13,336	95.8	1,305	15,055	86.7
Hawaiian/Pacific Islander	1,204	11,696	102.9	1,407	13,556	103.8	1,477	14,613	101.1	1,243	12,946	96.0	1,268	12,409	102.2
More Than One Race	3,318	39,363	84.3	2,888	35,064	82.4	2,879	33,959	84.8	2,542	31,636	80.4	1,900	23,914	79.5
Other/Unknown	2,375	38,611	61.5	272	5,570	48.8	269	6,493	41.4	382	6,847	55.8	348	6,473	53.8
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**	**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 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 14.2a: 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

Medicaid Managed Care Plan	2014			2015			2016			2017			2018		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Amerigroup Washington Inc	5,921	165,398	35.8	9,889	240,257	41.2	11,104	274,561	40.4	11,350	293,892	38.6	12,178	318,595	38.2
Columbia United Providers				5,778	197,039	29.3									
Community Health Plan of WA	45,296	1,134,350	39.9	41,139	947,323	43.4	37,301	905,768	41.2	32,643	837,590	39.0	28,862	738,178	39.1
Coordinated Care of Washington	19,060	415,943	45.8	22,291	469,287	47.5	26,653	599,871	44.4	27,203	645,315	42.2	26,440	636,748	41.5
Molina Healthcare of WA	74,251	1,885,610	39.4	78,861	1,999,501	39.4	85,567	2,321,898	36.9	84,074	2,385,893	35.2	81,842	2,372,029	34.5
UnitedHealthcare Community Plan	12,210	327,326	37.3	16,690	428,556	38.9	17,636	494,017	35.7	17,604	521,944	33.7	17,346	520,078	33.4
Native Health PCCM (mult. agencies)	1,623	31,525	51.5	1,705	33,075	51.5	1,237	25,432	48.6	766	18,117	42.3	506	12,975	39.0
Medicaid Managed Care	158,361	3,960,152	40.0	176,353	4,315,038	40.9	179,498	4,621,547	38.8	173,640	4,702,751	36.9	167,174	4,598,603	36.4
Medicaid Fee for Service	17,473	425,703	41.0	14,300	353,662	40.4	7,840	195,141	40.2	5,079	133,812	38.0	4,987	134,686	37.0
Total	**175,834**	**4,385,855**	**40.1**	**190,653**	**4,668,700**	**40.8**	**187,338**	**4,816,688**	**38.9**	**178,719**	**4,836,563**	**37.0**	**172,161**	**4,733,289**	**36.4**

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 14.2b: Ambulatory Care – Emergency Department Visits (AMB): Ages 1-9 Years, by Race/Ethnicity 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

	2014			2015			2016			2017			2018		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	66,033	1,466,202	45.0	70,474	1,528,450	46.1	69,072	1,544,558	44.7	64,885	1,520,685	42.7	61,731	1,453,305	42.5
Not Hispanic or Ethnicity Unknown															
White	70,048	1,935,432	36.2	75,214	2,052,266	36.6	75,920	2,140,721	35.5	73,741	2,170,600	34.0	71,784	2,154,512	33.3
Asian	2,925	127,855	22.9	3,325	134,832	24.7	3,035	138,057	22.0	3,075	137,275	22.4	3,047	130,976	23.3
Black	10,743	232,283	46.2	12,631	251,321	50.3	11,495	263,769	43.6	10,974	268,764	40.8	10,706	266,701	40.1
American Indian/Alaska Native	3,918	85,733	45.7	4,153	95,014	43.7	4,163	97,616	42.6	3,991	99,263	40.2	4,074	101,181	40.3
Hawaiian/Pacific Islander	3,196	77,704	41.1	3,664	91,860	39.9	4,104	102,719	40.0	4,148	108,814	38.1	4,128	109,790	37.6
More Than One Race	14,122	321,903	43.9	14,986	339,105	44.2	14,236	346,685	41.1	13,079	343,952	38.0	11,967	330,174	36.2
Other/Unknown	4,849	138,743	34.9	6,206	175,852	35.3	5,313	182,563	29.1	4,826	187,210	25.8	4,724	186,650	25.3
Total	**175,834**	**4,385,855**	**40.1**	**190,653**	**4,668,700**	**40.8**	**187,338**	**4,816,688**	**38.9**	**178,719**	**4,836,563**	**37.0**	**172,161**	**4,733,289**	**36.4**

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

	2014			2015			2016			2017			2018		
Medicaid Managed Care Plan	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**	**Total ED Visits**	**Total Elig Months**	**Visits per 1,000 Mths**
Amerigroup Washington Inc	4,837	161,272	30.0	6,994	214,326	32.6	7,560	230,935	32.7	7,333	236,322	31.0	7,820	251,827	31.1
Columbia United Providers				4,069	172,083	23.6									
Community Health Plan of WA	30,183	954,388	31.6	29,403	842,281	34.9	28,492	835,029	34.1	26,149	816,623	32.0	23,922	758,706	31.5
Coordinated Care of Washington	11,690	339,053	34.5	13,231	375,738	35.2	17,643	493,988	35.7	19,411	541,596	35.8	19,876	551,625	36.0
Molina Healthcare of WA	46,354	1,432,598	32.4	53,291	1,609,363	33.1	62,805	1,960,872	32.0	63,071	2,086,924	30.2	64,159	2,155,229	29.8
UnitedHealthcare Community Plan	8,173	282,818	28.9	10,660	358,404	29.7	12,064	402,894	29.9	11,542	423,679	27.2	11,389	424,882	26.8
Native Health PCCM (mult. agencies)	938	24,205	38.8	1,093	25,887	42.2	891	19,795	45.0	701	15,366	45.6	523	12,334	42.4
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

Emergency Visits per 1,000 Months of Eligibility 2014-2018

	2014			2015			2016			2017			2018		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	37,620	1,101,766	34.1	43,398	1,230,783	35.3	45,766	1,323,112	34.6	45,361	1,395,130	32.5	46,308	1,442,340	32.1
Not Hispanic or Ethnicity Unknown															
White	56,438	1,641,343	34.4	61,995	1,767,260	35.1	62,271	1,813,496	34.3	59,347	1,819,978	32.6	57,183	1,791,825	31.9
Asian	1,522	150,826	10.1	1,742	161,318	10.8	1,780	164,280	10.8	1,684	164,254	10.3	1,666	160,966	10.4
Black	8,260	216,814	38.1	8,978	230,549	38.9	8,570	235,903	36.3	8,065	241,704	33.4	8,040	242,563	33.1
American Indian/Alaska Native	3,134	77,231	40.6	3,640	86,664	42.0	3,762	90,364	41.6	3,740	92,799	40.3	3,525	96,119	36.7
Hawaiian/Pacific Islander	1,766	72,545	24.3	2,106	83,928	25.1	2,169	92,700	23.4	2,243	97,087	23.1	2,194	99,583	22.0
More Than One Race	8,238	227,497	36.2	9,488	254,903	37.2	10,346	269,880	38.3	10,024	279,986	35.8	10,239	285,464	35.9
Other/Unknown	2,937	131,810	22.3	3,423	146,290	23.4	3,615	161,186	22.4	3,568	174,353	20.5	3,950	182,659	21.6
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)

CDC mPINC HOSPITAL SURVEY
Maternity Practices in Infant Nutrition & Care

2018 Washington Results Report

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%).

State Total Score*

85

National Total Score*

79

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

Immediate Postpartum Care	National Subscore 81	Washington Subscore 86	Washington Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)			76%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)			51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)			98%
Newborns are monitored continuously for the first 2 hours after birth			69%
Rooming-In	**National Subscore 71**	**Washington Subscore 86**	**Washington Hospitals with Ideal Response**
Mother-infant dyads are rooming-in 24 hours/day			100%
Routine newborn exams, procedures, and care occur in the mother's room			58%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads			76%
Feeding Practices	**National Subscore 82**	**Washington Subscore 90**	**Washington Hospitals with Ideal Response**
Few breastfeeding newborns receive infant formula			69%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia			96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences			69%

Feeding Education & Support	National Subscore 92	Washington Subscore 93	Washington Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safetly prepare/feed formula			76%
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			76%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk			67%
Discharge Support	**National Subscore 78**	**Washington Subscore 86**	**Washington Hospitals with Ideal Response**
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge			80%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider			87%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/ appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers			93%
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			84%
Institutional Management	**National Subscore 70**	**Washington Subscore 70**	**Washington Hospitals with Ideal Response**
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices			73%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management			49%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization			87%
Hospital pays a fair market price for infant formula			64%
Hospital has 100% of written policy elements[§]			25%

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

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

NOTE: The mPINC survey was redesigned in 2018. Results from the 2018 mPINC survey cannot be compared with results from previous mPINC surveys.

Questions about the mPINC survey?

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

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

Suggested Citation: Centers for Disease Control and Prevention. Washington 2018 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. April 2020

CS 316011-A April 20, 2020