

Managed Care Program Annual Report (MCPAR) for Washington: IMC MCPAR 2023

Due date	Last edited	Edited by	Status
06/28/2024	09/30/2026	ALESIA SPRUILL MCKOY	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool?	

Indicator	Response
If “No”, please complete the following questions under each plan.	

Section A: Program Information

Section A: Program Information

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Washington
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Reilly Fairbrother
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	reilly.fairbrother@hca.wa.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	ALESIA SPRUILL MCKOY
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	alesia.mckoy@hca.wa.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	09/30/2026

Section A: Program Information

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2023
A6	Program name Auto-populated from report dashboard.	IMC MCPAR 2023

Section A: Program Information

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

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

Section A: Program Information

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

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

Indicator	Response
BSS entity name	Washington Healthplanfinder

Section B: State-Level Indicators

Section B: State-Level Indicators

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	2,053,415
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	1,713,228

Section B: State-Level Indicators

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

Section B: State-Level Indicators

Number	Indicator	Response
BX.1	Payment risks between the state and plans Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.	Directive for Covid-19 Testing; Directive for OTP Services for dual eligible clients – Code H0020; Directive for Off-Label Use of GLP-1 Drugs; Directive for Upcoding E/M Codes 992014 & 992015; MLR audit with focus on reporting of values for lines 1.9, 1.10 & 1.11; Payment of Delivery Case Rate (DCR) Service-Based Enhancement (SBE) for clients with comparable third-party coverage; MCO Claims Paid Timely audit; MCO Network validation of providers; Encounter Data Validation; Pharmacy – Underpaid Pharmacy & MAC Pricing audit. Behavioral Health Agency encounters VBP effectiveness
BX.2	Contract standard for overpayments Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	Allow plans to retain overpayments
BX.3	Location of contract provision stating overpayment standard Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Sections 5 & 12 (5.5, 12.1, 12.4 & 12.10) for overpayments made by the plans to their network providers
BX.4	Description of overpayment contract standard Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or	Plans are allowed to keep overpayments recovered from their network providers. The plans must report the identification and recovery of overpayments to the state and must recover identified overpayments within 60 days. The state may assess liquidated damages if the plans fail to identify and recover overpayments as required.

administers a hybrid system) selected in indicator B.X.2.

BX.5	State overpayment reporting monitoring Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	The state requires the plans to report all program integrity activities on a monthly deliverable that includes audit detail, encounter detail, identified and recovered overpayment amounts. The state reviews and validates overpayment recoveries against submitted encounter data and meets with the plans quarterly to discuss their program integrity performance and clarify any discrepancies between reported program integrity activities and submitted encounter data. In addition, the plans are required to submit an annual report of program integrity activities that rolls up and reports identified and recovered overpayments and cost avoidance amounts for the prior calendar year.
BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	The state issues the 834 Benefit and Enrollment Maintenance report to each MCO every day to ensure eligibility files are up-to-date. In addition, the files are audited each month to ensure enrollment files are accurate. The state also requires the plans to report demographic changes through MC-Track using the Newborn Payment Assistance Request Form (NB PARF) for newborn retro-enrollment and the Payment Assistance Request Form (PARF) for all other payment and enrollment inquiries to include but not limited to Service Base Enhancements (DCR, WISe, etc.), regular premium payments and other demographic changes that may impact eligibility (DOD, out-of-state address, etc.).
BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes

BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	Federal database checks: Excluded person or entities During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No
BX.9a	Website posting of 5 percent or more ownership control Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).	Yes
BX.9b	Website posting of 5 percent or more ownership control: Link What is the link to the website? Refer to 42 CFR 602(g)(3).	https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting
BX.10	Periodic audits If the state conducted any audits during the contract year to determine the	Encounter and Financial audits are still in process. Results will be posted upon completion, as required to: https://www.hca.wa.gov/about-hca/other-

accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.

administrative-activities/audits-and-reporting

Section C: Program-Level Indicators

Section C: Program-Level Indicators

Number	Indicator	Response
C11.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	Apple Health Intergrated Managed Care (IMC 01/01/2023), Apple Health Integrated Managed Care (IMC) behavioral health services wrap around (01/01/2023)
	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2023
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health
C11.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service	N/A

area or population)? Enter
"N/A" if not applicable.

C11.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).	1,835,017
C11.6	Changes to enrollment or benefits Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.	PHE Unwind has affected the amount of overall Apple Health Medicaid enrollment numbers since April 2023

Section C: Program-Level Indicators

Number	Indicator	Response
C1III.1	Uses of encounter data For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	Criteria/measures to evaluate MCP performance What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	Encounter data performance criteria contract language Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Section 5.15.2-5.15.2.3
C1III.4	Financial penalties contract language Provide reference(s) to the contract section(s) that	5.15.8.3

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

C1III.5 Incentives for encounter data quality 5.33.3

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

C1III.6 Barriers to collecting/validating encounter data

Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.

Barriers we experienced though not limited to were data quality issues, timeliness, data format compatibility, technical challenges, and contractor reluctance/resistance.

Section C: Program-Level Indicators

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

C1IV.4 State definition of "timely" resolution for grievances

Provide the state's definition of timely resolution for grievances in the managed care program.

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

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

Section C: Program-Level Indicators

Network Adequacy

Number	Indicator	Response
C1V.1	Gaps/challenges in network adequacy What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.	The biggest challenges in maintaining adequate networks are workforce shortages including in rural areas where certain types of providers are not prevalent resulting in exceptions.
C1V.2	State response to gaps in network adequacy How does the state work with MCPs to address gaps in network adequacy?	Legislature authorized major rate increases to help with workforce retention and recruitment. If provider shortages are caused by lack of providers or workforce shortages that are unlikely to be resolved the need for an exception for that county is explored. To date this has happened in a limited capacity and has affected only specialty providers. Most often, the state will research gaps in network adequacy and work with the MCP to resolve via additional contracting in the area, data error resolution resulting in erroneous gaps, and/or corrective action plans with monetary penalties when issues require escalation.

Access Measures

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

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

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



Complete

C2.V.3 Standard type: Maximum time or distance

1 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

2 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

3 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban and rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

4 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

5 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

6 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

OB/GYN (including
Delivery Hospitals)

C2.V.5 Region

Urban

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

7 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

OB/GYN (including
Delivery Hospitals)

C2.V.5 Region

Rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

8 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Behavioral health
(Mental Health
profession and
SUDPs)

C2.V.5 Region

Urban and rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.3 Standard type: Maximum time or distance

9 / 9

C2.V.2 Measure standard

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

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider

Behavioral health
(Outpatient)

C2.V.5 Region

Urban and rural

C2.V.6

Population

Adult and
pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly

Section C: Program-Level Indicators

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

C1IX.3	BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	The Exchange partners with Navigators and Brokers to perform outreach and enrollment activities. The Exchange supports quality, effectiveness, and efficiency through metrics such as monthly enrollment reports and KPIs. Navigators: • Lead Organizations send monthly enrollment and outreach reports to the Exchange. • Quality, effectiveness, and efficiency is measured by the key performance indicators (KPIs): - o Complete outreach plan and report delivered monthly - o Monthly outreach activities reach attendance limit - o Favorable support and responsiveness ratings from Navigators they support during the yearly Navigator Survey - o Navigator background checks are completed timely every two years - o Navigators pass certification quizzes within the first three attempts - o Partner Organization subcontracts (MOUs) are executed and submitted to the Exchange timely - o Minimum standards of Qualified Health Plan re-enrollment of customers partnered with a Navigator Brokers: • Brokers must sign a Washington Health Benefit Exchange Producer Participation Agreement confirming: - o They will comply with all Exchange policies and procedures including but not limited to those relate to enrollment solicitation, submission of applications, and sales requirements. - o They will comply with all applicable federal and state laws and

regulations, including those governing data protection, confidentiality, and conflicts of interest, and to abide by all rules, regulations, policies, and procedures established by the Exchange, including, but not limited to, required training, annual update training, and Exchange privacy and security standards.

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

Brokers and Navigators:

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

Section C: Program-Level Indicators

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

Section D: Plan-Level Indicators

Section D: Plan-Level Indicators

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Amerigroup (AMG) 192,362
		Community Health Plan of Washington (CHPW) 248,660
		Coordinated Care of Washington (CCW) 176,703
		Molina Healthcare of Washington, Inc. (MHW) 876,101
		UnitedHealthcare Community Plan (UHC) 219,402
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? - Numerator: Plan enrollment (D1.I.1) - Denominator: Statewide Medicaid enrollment (B.I.1)	Amerigroup (AMG) 9.4%
		Community Health Plan of Washington (CHPW) 12.1%
		Coordinated Care of Washington (CCW) 8.6%
		Molina Healthcare of Washington, Inc. (MHW) 42.7%
		UnitedHealthcare Community Plan (UHC) 10.7%
D1I.3	Plan share of any Medicaid managed care What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?	Amerigroup (AMG) 11.2%
		Community Health Plan of Washington (CHPW) 14.5%

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Coordinated Care of Washington (CCW)

10.3%

Molina Healthcare of Washington, Inc. (MHW)

51.1%

UnitedHealthcare Community Plan (UHC)

12.8%

Section D: Plan-Level Indicators

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	Amerigroup (AMG) 88.16%
		Community Health Plan of Washington (CHPW) 93.62%
		Coordinated Care of Washington (CCW) 90.59%
		Molina Healthcare of Washington, Inc. (MHW) 90.46%
		UnitedHealthcare Community Plan (UHC) 95.8%
D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	Amerigroup (AMG) Statewide all programs & populations
		Community Health Plan of Washington (CHPW) Statewide all programs & populations
		Coordinated Care of Washington (CCW) Program-specific statewide
		Molina Healthcare of Washington, Inc. (MHW) Statewide all programs & populations
		UnitedHealthcare Community Plan (UHC) Statewide all programs & populations
D1II.2	Population specific MLR description Does the state require plans to submit separate	Amerigroup (AMG) N/A

MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.

Community Health Plan of Washington (CHPW)

N/A

Coordinated Care of Washington (CCW)

Integrated Managed Care population only (excludes Integrated Foster Care population)

Molina Healthcare of Washington, Inc. (MHW)

N/A

UnitedHealthcare Community Plan (UHC)

N/A

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Amerigroup (AMG)

No

Community Health Plan of Washington (CHPW)

No

Coordinated Care of Washington (CCW)

No

Molina Healthcare of Washington, Inc. (MHW)

No

UnitedHealthcare Community Plan (UHC)

No

Section D: Plan-Level Indicators

Number	Indicator	Response
D1III.1	Definition of timely encounter data submissions Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	Amerigroup (AMG) The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.
		Community Health Plan of Washington (CHPW) The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.
		Coordinated Care of Washington (CCW) The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.
		Molina Healthcare of Washington, Inc. (MHW) The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.
		UnitedHealthcare Community Plan (UHC) The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP.
D1III.2	Share of encounter data submissions that met state's timely submission requirements What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the	Amerigroup (AMG) 100%
		Community Health Plan of Washington (CHPW) 100%
		Coordinated Care of Washington (CCW) 99.99%
		Molina Healthcare of Washington, Inc. (MHW)

percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

100%

UnitedHealthcare Community Plan (UHC)

100%

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

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

Amerigroup (AMG)

100%

Community Health Plan of Washington (CHPW)

99%

Coordinated Care of Washington (CCW)

99.9%

Molina Healthcare of Washington, Inc. (MHW)

99%

UnitedHealthcare Community Plan (UHC)

98%

Section D: Plan-Level Indicators

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	Amerigroup (AMG) 507 Community Health Plan of Washington (CHPW) 2,152 Coordinated Care of Washington (CCW) 551 Molina Healthcare of Washington, Inc. (MHW) 2,027 UnitedHealthcare Community Plan (UHC) 952
D1IV.2	Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	Amerigroup (AMG) 0 Community Health Plan of Washington (CHPW) 1 Coordinated Care of Washington (CCW) 5 Molina Healthcare of Washington, Inc. (MHW) 0 UnitedHealthcare Community Plan (UHC) 14
D1IV.3	Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one	Amerigroup (AMG) N/A Community Health Plan of Washington (CHPW) N/A

LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Coordinated Care of Washington (CCW)

N/A

Molina Healthcare of Washington, Inc. (MHW)

N/A

UnitedHealthcare Community Plan (UHC)

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom

Amerigroup (AMG)

N/A

Community Health Plan of Washington (CHPW)

N/A

Coordinated Care of Washington (CCW)

N/A

Molina Healthcare of Washington, Inc. (MHW)

N/A

UnitedHealthcare Community Plan (UHC)

N/A

critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a	Standard appeals for which timely resolution was provided Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	Amerigroup (AMG) 500 Community Health Plan of Washington (CHPW) 1,526 Coordinated Care of Washington (CCW) 469 Molina Healthcare of Washington, Inc. (MHW) 1,811 UnitedHealthcare Community Plan (UHC) 624
D1IV.5b	Expedited appeals for which timely resolution was provided Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	Amerigroup (AMG) 6 Community Health Plan of Washington (CHPW) 621 Coordinated Care of Washington (CCW) 77 Molina Healthcare of Washington, Inc. (MHW) 215 UnitedHealthcare Community Plan (UHC) 325
D1IV.6a	Resolved appeals related to denial of authorization	Amerigroup (AMG) 507

or limited authorization of a service

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

Community Health Plan of Washington (CHPW)

2,146

Coordinated Care of Washington (CCW)

545

Molina Healthcare of Washington, Inc. (MHW)

2,019

UnitedHealthcare Community Plan (UHC)

785

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

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

Amerigroup (AMG)

0

Community Health Plan of Washington (CHPW)

4

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

1

UnitedHealthcare Community Plan (UHC)

220

D1IV.6c Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Amerigroup (AMG)

0

Community Health Plan of Washington (CHPW)

2

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

UnitedHealthcare Community Plan (UHC)

0

D1IV.6d Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Amerigroup (AMG)

0

Community Health Plan of Washington (CHPW)

0

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

1

D1IV.6e Resolved appeals related to lack of timely plan response to an appeal or grievance

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

Amerigroup (AMG)

0

Community Health Plan of Washington (CHPW)

0

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

0

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

0

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

Community Health Plan of Washington (CHPW)

0

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

0

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

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

Amerigroup (AMG)

0

Community Health Plan of Washington (CHPW)

0

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

0

Appeals by Service

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

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	Amerigroup (AMG)
		40
		Community Health Plan of Washington (CHPW)
		18
		Coordinated Care of Washington (CCW)
D1IV.7b	Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	14
		Molina Healthcare of Washington, Inc. (MHW)
		41
		UnitedHealthcare Community Plan (UHC)
		68
D1IV.7c	Resolved appeals related to inpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use	Amerigroup (AMG)
		2
		Community Health Plan of Washington (CHPW)
		1

services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

Coordinated Care of Washington (CCW)

11

Molina Healthcare of Washington, Inc. (MHW)

12

UnitedHealthcare Community Plan (UHC)

1

D1IV.7d Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Amerigroup (AMG)

3

Community Health Plan of Washington (CHPW)

8

Coordinated Care of Washington (CCW)

2

Molina Healthcare of Washington, Inc. (MHW)

71

UnitedHealthcare Community Plan (UHC)

34

D1IV.7e Resolved appeals related to covered outpatient prescription drugs

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

Amerigroup (AMG)

210

Community Health Plan of Washington (CHPW)

1,507

Coordinated Care of Washington (CCW)

294

Molina Healthcare of Washington, Inc. (MHW)

1,250

UnitedHealthcare Community Plan (UHC)

D1IV.7f	Resolved appeals related to skilled nursing facility (SNF) services Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	Amerigroup (AMG) 7 Community Health Plan of Washington (CHPW) 12 Coordinated Care of Washington (CCW) 0 Molina Healthcare of Washington, Inc. (MHW) 27 UnitedHealthcare Community Plan (UHC) 15
D1IV.7g	Resolved appeals related to long-term services and supports (LTSS) Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	Amerigroup (AMG) N/A Community Health Plan of Washington (CHPW) N/A Coordinated Care of Washington (CCW) N/A Molina Healthcare of Washington, Inc. (MHW) N/A UnitedHealthcare Community Plan (UHC) N/A
D1IV.7h	Resolved appeals related to dental services Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does	Amerigroup (AMG) 0 Community Health Plan of Washington (CHPW) 0

not cover dental services, enter "N/A".

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

0

D1IV.7i Resolved appeals related to non-emergency medical transportation (NEMT)

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

Amerigroup (AMG)

N/A

Community Health Plan of Washington (CHPW)

N/A

Coordinated Care of Washington (CCW)

N/A

Molina Healthcare of Washington, Inc. (MHW)

N/A

UnitedHealthcare Community Plan (UHC)

N/A

D1IV.7j Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

Amerigroup (AMG)

54

Community Health Plan of Washington (CHPW)

291

Coordinated Care of Washington (CCW)

51

Molina Healthcare of Washington, Inc. (MHW)

244

UnitedHealthcare Community Plan (UHC)

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	Amerigroup (AMG)
		38
		Community Health Plan of Washington (CHPW)
		32
		Coordinated Care of Washington (CCW)
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	9
		Molina Healthcare of Washington, Inc. (MHW)
		26
		UnitedHealthcare Community Plan (UHC)
		27
D1IV.8c	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Amerigroup (AMG)
		0
		Community Health Plan of Washington (CHPW)
		1
		Coordinated Care of Washington (CCW)
D1IV.8d	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	0
		Molina Healthcare of Washington, Inc. (MHW)
		2
		UnitedHealthcare Community Plan (UHC)
		1
D1IV.8e	State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Amerigroup (AMG)
		5
		Community Health Plan of Washington (CHPW)
		3
		Coordinated Care of Washington (CCW)

		Coordinated Care of Washington (CCW)
		0
		Molina Healthcare of Washington, Inc. (MHW)
		5
		UnitedHealthcare Community Plan (UHC)
		3
D1IV.8d	State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	Amerigroup (AMG)
		33
		Community Health Plan of Washington (CHPW)
		28
		Coordinated Care of Washington (CCW)
		9
		Molina Healthcare of Washington, Inc. (MHW)
		19
		UnitedHealthcare Community Plan (UHC)
		23
D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	Amerigroup (AMG)
		0
		Community Health Plan of Washington (CHPW)
		0
		Coordinated Care of Washington (CCW)
		0
		Molina Healthcare of Washington, Inc. (MHW)
		0
		UnitedHealthcare Community Plan (UHC)

**D1IV.9b External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Amerigroup (AMG)

0

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

0

**Coordinated Care of Washington
(CCW)**

0

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

0

**UnitedHealthcare Community Plan
(UHC)**0

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	Amerigroup (AMG) 682
		Community Health Plan of Washington (CHPW) 2,332
		Coordinated Care of Washington (CCW) 1,195
		Molina Healthcare of Washington, Inc. (MHW) 22,435
		UnitedHealthcare Community Plan (UHC) 515
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	Amerigroup (AMG) 0
		Community Health Plan of Washington (CHPW) 22
		Coordinated Care of Washington (CCW) 98
		Molina Healthcare of Washington, Inc. (MHW) 399
		UnitedHealthcare Community Plan (UHC) 54
D1IV.12	Grievances filed on behalf of LTSS users Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.	Amerigroup (AMG) 0
		Community Health Plan of Washington (CHPW) 0

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

0

UnitedHealthcare Community Plan (UHC)

0

D1IV.13 Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving

Amerigroup (AMG)

N/A

Community Health Plan of Washington (CHPW)

N/A

Coordinated Care of Washington (CCW)

N/A

Molina Healthcare of Washington, Inc. (MHW)

N/A

UnitedHealthcare Community Plan (UHC)

N/A

new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

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

D1IV.14 Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Amerigroup (AMG)

667

Community Health Plan of Washington (CHPW)

2,306

Coordinated Care of Washington (CCW)

1,195

Molina Healthcare of Washington, Inc. (MHW)

22,355

UnitedHealthcare Community Plan (UHC)

504

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	Amerigroup (AMG)
		1
		Community Health Plan of Washington (CHPW)
		0
		Coordinated Care of Washington (CCW)
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	0
		Molina Healthcare of Washington, Inc. (MHW)
		1
		UnitedHealthcare Community Plan (UHC)
		0
D1IV.15c	Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to	Amerigroup (AMG)
		76
		Community Health Plan of Washington (CHPW)
		0
		Coordinated Care of Washington (CCW)
D1IV.15d	Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to	18
		Molina Healthcare of Washington, Inc. (MHW)
		814
		UnitedHealthcare Community Plan (UHC)
		38
D1IV.15e	Resolved grievances related to behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to	Amerigroup (AMG)
		1
		Community Health Plan of Washington (CHPW)
		0
		Coordinated Care of Washington (CCW)

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

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

7

UnitedHealthcare Community Plan (UHC)

0

D1IV.15d Resolved grievances related to outpatient behavioral health services

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

Amerigroup (AMG)

5

Community Health Plan of Washington (CHPW)

21

Coordinated Care of Washington (CCW)

1

Molina Healthcare of Washington, Inc. (MHW)

265

UnitedHealthcare Community Plan (UHC)

29

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

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

Amerigroup (AMG)

59

Community Health Plan of Washington (CHPW)

91

Coordinated Care of Washington (CCW)

5

Molina Healthcare of Washington, Inc. (MHW)

5,846

UnitedHealthcare Community Plan (UHC)

D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	Amerigroup (AMG) 0 Community Health Plan of Washington (CHPW) 0 Coordinated Care of Washington (CCW) 0 Molina Healthcare of Washington, Inc. (MHW) 0 UnitedHealthcare Community Plan (UHC) 0
D1IV.15g	Resolved grievances related to long-term services and supports (LTSS) Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	Amerigroup (AMG) 2 Community Health Plan of Washington (CHPW) 0 Coordinated Care of Washington (CCW) 0 Molina Healthcare of Washington, Inc. (MHW) 0 UnitedHealthcare Community Plan (UHC) 0
D1IV.15h	Resolved grievances related to dental services Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does	Amerigroup (AMG) 0 Community Health Plan of Washington (CHPW) 0

not cover this type of service, enter "N/A".

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

99

UnitedHealthcare Community Plan (UHC)

0

D1IV.15i Resolved grievances related to non-emergency medical transportation (NEMT)

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

Amerigroup (AMG)

2

Community Health Plan of Washington (CHPW)

7

Coordinated Care of Washington (CCW)

0

Molina Healthcare of Washington, Inc. (MHW)

29

UnitedHealthcare Community Plan (UHC)

0

D1IV.15j Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

Amerigroup (AMG)

536

Community Health Plan of Washington (CHPW)

2,222

Coordinated Care of Washington (CCW)

1,195

Molina Healthcare of Washington, Inc. (MHW)

15,770

UnitedHealthcare Community Plan (UHC)

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Amerigroup (AMG)
		21
		Community Health Plan of Washington (CHPW)
		271
		Coordinated Care of Washington (CCW)
		67
		Molina Healthcare of Washington, Inc. (MHW)
		1,883
		UnitedHealthcare Community Plan (UHC)
		58
D1IV.16b	Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	Amerigroup (AMG)
		31
		Community Health Plan of Washington (CHPW)
		4
		Coordinated Care of Washington (CCW)
		17
		Molina Healthcare of Washington, Inc. (MHW)
		152
		UnitedHealthcare Community Plan (UHC)
		0
D1IV.16c	Resolved grievances related to access to care/services from plan or provider Enter the total number of grievances resolved by the	Amerigroup (AMG)
		176
		Community Health Plan of Washington (CHPW)

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

365

Coordinated Care of Washington (CCW)

25

Molina Healthcare of Washington, Inc. (MHW)

32

UnitedHealthcare Community Plan (UHC)

79

D1IV.16d Resolved grievances related to quality of care

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

Amerigroup (AMG)

43

Community Health Plan of Washington (CHPW)

71

Coordinated Care of Washington (CCW)

22

Molina Healthcare of Washington, Inc. (MHW)

190

UnitedHealthcare Community Plan (UHC)

170

D1IV.16e Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee

Amerigroup (AMG)

12

Community Health Plan of Washington (CHPW)

31

Coordinated Care of Washington (CCW)

3

Molina Healthcare of Washington, Inc. (MHW)

1,724

materials or plan communications.

UnitedHealthcare Community Plan (UHC)

2

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Amerigroup (AMG)

192

Community Health Plan of Washington (CHPW)

269

Coordinated Care of Washington (CCW)

939

Molina Healthcare of Washington, Inc. (MHW)

5,354

UnitedHealthcare Community Plan (UHC)

157

D1IV.16g

Resolved grievances related to suspected fraud

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

Amerigroup (AMG)

3

Community Health Plan of Washington (CHPW)

0

Coordinated Care of Washington (CCW)

2

Molina Healthcare of Washington, Inc. (MHW)

48

UnitedHealthcare Community Plan (UHC)

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Amerigroup (AMG)

0

	Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	Community Health Plan of Washington (CHPW) 0 Coordinated Care of Washington (CCW) 0 Molina Healthcare of Washington, Inc. (MHW) 0 UnitedHealthcare Community Plan (UHC) 0
D1IV.16i	Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals) Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	Amerigroup (AMG) 1 Community Health Plan of Washington (CHPW) 0 Coordinated Care of Washington (CCW) 1 Molina Healthcare of Washington, Inc. (MHW) 31 UnitedHealthcare Community Plan (UHC) 0
D1IV.16j	Resolved grievances related to plan denial of expedited appeal Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited	Amerigroup (AMG) 1 Community Health Plan of Washington (CHPW) 0 Coordinated Care of Washington (CCW) 0 Molina Healthcare of Washington, Inc. (MHW)

	appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	0
		UnitedHealthcare Community Plan (UHC)
		0
D1IV.16k	Resolved grievances filed for other reasons	Amerigroup (AMG)
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	202
		Community Health Plan of Washington (CHPW)
		1,321
		Coordinated Care of Washington (CCW)
		119
		Molina Healthcare of Washington, Inc. (MHW)
		13,019
		UnitedHealthcare Community Plan (UHC)
		79

Section D: Plan-Level Indicators

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



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI percentile - Total 1 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

80.50

Community Health Plan of Washington (CHPW)

74.00

Coordinated Care of Washington (CCW)

72.80

Molina Healthcare of Washington, Inc. (MHW)

76.60

UnitedHealthcare Community Plan (UHC)

70.30



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling - Total 2 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

70.10

Community Health Plan of Washington (CHPW)

68.10

Coordinated Care of Washington (CCW)

69.80

Molina Healthcare of Washington, Inc. (MHW)

65.00

UnitedHealthcare Community Plan (UHC)

58.40



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling - Total 3 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

68.90

Community Health Plan of Washington (CHPW)

63.30

Coordinated Care of Washington (CCW)

66.20

Molina Healthcare of Washington, Inc. (MHW)

61.10

UnitedHealthcare Community Plan (UHC)

57.70



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)⁴ / 98 DTaP

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

70.60

Community Health Plan of Washington (CHPW)

68.60

Coordinated Care of Washington (CCW)

71.30

Molina Healthcare of Washington, Inc. (MHW)

62

UnitedHealthcare Community Plan (UHC)

64.20



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)⁵ / 98 IPV

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

84.20

Community Health Plan of Washington (CHPW)

83.00

Coordinated Care of Washington (CCW)

88.30

Molina Healthcare of Washington, Inc. (MHW)

78.40

UnitedHealthcare Community Plan (UHC)

81.30



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)6 / 98 MMR

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

83.50

Community Health Plan of Washington (CHPW)

80.10

Coordinated Care of Washington (CCW)

86.40

Molina Healthcare of Washington, Inc. (MHW)

77.90

UnitedHealthcare Community Plan (UHC)

77.40



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)7 / 98 HIB

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

81.30

Community Health Plan of Washington (CHPW)

80.80

Coordinated Care of Washington (CCW)

88.10

Molina Healthcare of Washington, Inc. (MHW)

77.10

UnitedHealthcare Community Plan (UHC)

78.80



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)8 / 98 Hepatitis B

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

86.60

Community Health Plan of Washington (CHPW)

83.90

Coordinated Care of Washington (CCW)

90.30

Molina Healthcare of Washington, Inc. (MHW)

80.30

UnitedHealthcare Community Plan (UHC)

83.20



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)9 / 98

VZV

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

83.20

Community Health Plan of Washington (CHPW)

79.80

Coordinated Care of Washington (CCW)

85.90

Molina Healthcare of Washington, Inc. (MHW)

77.60

UnitedHealthcare Community Plan (UHC)

76.90



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS) / 98 Pneumococcal

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

68.40

Community Health Plan of Washington (CHPW)

69.80

Coordinated Care of Washington (CCW)

74.50

Molina Healthcare of Washington, Inc. (MHW)

66.20

UnitedHealthcare Community Plan (UHC)

67.20



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)₁ / 98 Hepatitis A

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

81.00

Community Health Plan of Washington (CHPW)

78.10

Coordinated Care of Washington (CCW)

84.20

Molina Healthcare of Washington, Inc. (MHW)

72.80

UnitedHealthcare Community Plan (UHC)

75.70



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)² / 98 Rotavirus

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

69.30

Community Health Plan of Washington (CHPW)

69.80

Coordinated Care of Washington (CCW)

75.70

Molina Healthcare of Washington, Inc. (MHW)

63.30

UnitedHealthcare Community Plan (UHC)

69.10



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)3 / 98 Influenza

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

49.90

Community Health Plan of Washington (CHPW)

43.30

Coordinated Care of Washington (CCW)

49.90

Molina Healthcare of Washington, Inc. (MHW)

41.10

UnitedHealthcare Community Plan (UHC)

42.30



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS)⁴ / 98

Combo 3

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

64.70

Community Health Plan of Washington (CHPW)

63.00

Coordinated Care of Washington (CCW)

65.00

Molina Healthcare of Washington, Inc. (MHW)

58.40

UnitedHealthcare Community Plan (UHC)

58.60



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS) 5 / 98

Combo 7

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

58.60

Community Health Plan of Washington (CHPW)

56.90

Coordinated Care of Washington (CCW)

58.60

Molina Healthcare of Washington, Inc. (MHW)

52.60

UnitedHealthcare Community Plan (UHC)

54.50



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS) 6 / 98
combo 10

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

40.60

Community Health Plan of Washington (CHPW)

35.50

Coordinated Care of Washington (CCW)

40.40

Molina Healthcare of Washington, Inc. (MHW)

32.60

UnitedHealthcare Community Plan (UHC)

33.60



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) 7 / 98 Meningococcal

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

65.70

Community Health Plan of Washington (CHPW)

75.90

Coordinated Care of Washington (CCW)

74.70

Molina Healthcare of Washington, Inc. (MHW)

69.60

UnitedHealthcare Community Plan (UHC)

71.50



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) 18 / 98
Tdap

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

82.20

Community Health Plan of Washington (CHPW)

85.40

Coordinated Care of Washington (CCW)

83.90

Molina Healthcare of Washington, Inc. (MHW)

83.20

UnitedHealthcare Community Plan (UHC)

84.20



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 98 HPV

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

27.50

Community Health Plan of Washington (CHPW)

39.40

Coordinated Care of Washington (CCW)

39.20

Molina Healthcare of Washington, Inc. (MHW)

31.40

UnitedHealthcare Community Plan (UHC)

30.40



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 98 Combo 1

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

65.20

Community Health Plan of Washington (CHPW)

74.90

Coordinated Care of Washington (CCW)

74.20

Molina Healthcare of Washington, Inc. (MHW)

69.10

UnitedHealthcare Community Plan (UHC)

71.10



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 98 Combo 2

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

27.00

Community Health Plan of Washington (CHPW)

37.70

Coordinated Care of Washington (CCW)

38.20

Molina Healthcare of Washington, Inc. (MHW)

30.70

UnitedHealthcare Community Plan (UHC)

29.70



Complete

D2.VII.1 Measure Name: Lead Screening in Children (LSC) 22 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

33.30

Community Health Plan of Washington (CHPW)

39.20

Coordinated Care of Washington (CCW)

40.20

Molina Healthcare of Washington, Inc. (MHW)

29.20

UnitedHealthcare Community Plan (UHC)



Complete

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

23 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS**D2.VII.7a Reporting Period and
D2.VII.7b Reporting period: Date range**

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**Amerigroup (AMG)**

40.50

Community Health Plan of Washington (CHPW)

44.20

Coordinated Care of Washington (CCW)

47.40

Molina Healthcare of Washington, Inc. (MHW)

48.70

UnitedHealthcare Community Plan (UHC)

45.90



Complete

D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E), 24 / 98

Total

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

40.40

Community Health Plan of Washington (CHPW)

44.10

Coordinated Care of Washington (CCW)

47.20

Molina Healthcare of Washington, Inc. (MHW)

48.60

UnitedHealthcare Community Plan (UHC)

45.80



Complete

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

25 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

47.00

Community Health Plan of Washington (CHPW)

55.70

Coordinated Care of Washington (CCW)

51.30

Molina Healthcare of Washington, Inc. (MHW)

59.10

UnitedHealthcare Community Plan (UHC)

49.90



Complete

D2.VII.1 Measure Name: Chlamydia Screening (CHL), Total 26 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

49.60

Community Health Plan of Washington (CHPW)

49.70

Coordinated Care of Washington (CCW)

52.60

Molina Healthcare of Washington, Inc. (MHW)

50.50

UnitedHealthcare Community Plan (UHC)

47.70



D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis 27 / 98
Complete (CWP), Total

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

73.90

Community Health Plan of Washington (CHPW)

74.30

Coordinated Care of Washington (CCW)

81.30

Molina Healthcare of Washington, Inc. (MHW)

75.10

UnitedHealthcare Community Plan (UHC)

73.50



D2.VII.1 Measure Name: Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) 28 / 98

Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

17.00

Community Health Plan of Washington (CHPW)

18.30

Coordinated Care of Washington (CCW)

17.10

Molina Healthcare of Washington, Inc. (MHW)

18.50

UnitedHealthcare Community Plan (UHC)

16.90



Complete

D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid 29 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

76.00

Community Health Plan of Washington (CHPW)

67.50

Coordinated Care of Washington (CCW)

78.30

Molina Healthcare of Washington, Inc. (MHW)

77.20

UnitedHealthcare Community Plan (UHC)

73.90



Complete

D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator 30 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

86.60

Community Health Plan of Washington (CHPW)

84.20

Coordinated Care of Washington (CCW)

85.50

Molina Healthcare of Washington, Inc. (MHW)

87.20

UnitedHealthcare Community Plan (UHC)

86.70



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR) Total / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

78.20

Community Health Plan of Washington (CHPW)

65.40

Coordinated Care of Washington (CCW)

73.20

Molina Healthcare of Washington, Inc. (MHW)

78.50

UnitedHealthcare Community Plan (UHC)



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure (CHBP) / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results
Amerigroup (AMG)

57.20

Community Health Plan of Washington (CHPW)

60.60

Coordinated Care of Washington (CCW)

54.50

Molina Healthcare of Washington, Inc. (MHW)

61.30

UnitedHealthcare Community Plan (UHC)

63.00



Complete

D2.VII.1 Measure Name: Persistence of Beta-Blocker Treatment after A Heart Attack (PBH)

33 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

82.80

Community Health Plan of Washington (CHPW)

79.40

Coordinated Care of Washington (CCW)

74.10

Molina Healthcare of Washington, Inc. (MHW)

86.70

UnitedHealthcare Community Plan (UHC)

81.40



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy - Total 34 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

78.90

Community Health Plan of Washington (CHPW)

85.40

Coordinated Care of Washington (CCW)

82.00

Molina Healthcare of Washington, Inc. (MHW)

82.20

UnitedHealthcare Community Plan (UHC)

81.70



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80% - Total 35 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

73.00

Community Health Plan of Washington (CHPW)

71.80

Coordinated Care of Washington (CCW)

70.80

Molina Healthcare of Washington, Inc. (MHW)

71.00

UnitedHealthcare Community Plan (UHC)

73.30



Complete

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

36 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

3.00

Community Health Plan of Washington (CHPW)

3.60

Coordinated Care of Washington (CCW)

3.60

Molina Healthcare of Washington, Inc. (MHW)

5.90



Complete

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

37 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

4.30

Community Health Plan of Washington (CHPW)

7.50

Coordinated Care of Washington (CCW)

5.00

Molina Healthcare of Washington, Inc. (MHW)

5.60

UnitedHealthcare Community Plan (UHC)

7.10



Complete

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

38 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

2.40

Community Health Plan of Washington (CHPW)

5.20

Coordinated Care of Washington (CCW)

2.70

Molina Healthcare of Washington, Inc. (MHW)

4.70

UnitedHealthcare Community Plan (UHC)

4.00



Complete

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

39 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

0.30

Community Health Plan of Washington (CHPW)

0.00

Coordinated Care of Washington (CCW)

0.00

Molina Healthcare of Washington, Inc. (MHW)

1.50

UnitedHealthcare Community Plan (UHC)

1.90



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) 40 / 98
Poor HbA1c Control (Note lower score is better)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

38.70

Community Health Plan of Washington (CHPW)

32.90

Coordinated Care of Washington (CCW)

44.80

Molina Healthcare of Washington, Inc. (MHW)

35.80



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) 41 / 98
<8.0%

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

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

D2.VII.6 Measure Set
HEDIS

**D2.VII.7a Reporting Period and
D2.VII.7b Reporting period: Date range**
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

49.20

Community Health Plan of Washington (CHPW)

54.50

Coordinated Care of Washington (CCW)

45.30

Molina Healthcare of Washington, Inc. (MHW)

53.80

UnitedHealthcare Community Plan (UHC)

55.20



D2.VII.1 Measure Name: Eye Exam for Patients with Diabetes (EED) 42 / 98
Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

43.80

Community Health Plan of Washington (CHPW)

52.30

Coordinated Care of Washington (CCW)

47.50

Molina Healthcare of Washington, Inc. (MHW)

50.60

UnitedHealthcare Community Plan (UHC)

44.80



D2.VII.1 Measure Name: Blood Pressure Control for Patients with Diabetes (BPD) 43 / 98
Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

69.10

Community Health Plan of Washington (CHPW)

69.60

Coordinated Care of Washington (CCW)

59.10

Molina Healthcare of Washington, Inc. (MHW)

72.30

UnitedHealthcare Community Plan (UHC)

70.10



Complete

D2.VII.1 Measure Name: Kidney Health Evaluation for Patients with Diabetes (KED), Total 44 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

39.20

Community Health Plan of Washington (CHPW)

40.50

Coordinated Care of Washington (CCW)

40.90

Molina Healthcare of Washington, Inc. (MHW)

41.50

UnitedHealthcare Community Plan (UHC)

45.20



Complete

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

45 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

62.30

Community Health Plan of Washington (CHPW)

65.50

Coordinated Care of Washington (CCW)

65.50

Molina Healthcare of Washington, Inc. (MHW)

64.00

UnitedHealthcare Community Plan (UHC)

66.00



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Diabetes (SPD),Statin Adherence 80% 46 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

67.00

Community Health Plan of Washington (CHPW)

68.90

Coordinated Care of Washington (CCW)

69.00

Molina Healthcare of Washington, Inc. (MHW)

68.30

UnitedHealthcare Community Plan (UHC)

70.30



Complete

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

47 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

62.90

Community Health Plan of Washington (CHPW)

59.00

Coordinated Care of Washington (CCW)

62.20

Molina Healthcare of Washington, Inc. (MHW)

64.20

UnitedHealthcare Community Plan (UHC)

66.30



Complete

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

48 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

43.60

Community Health Plan of Washington (CHPW)

42.20

Coordinated Care of Washington (CCW)

43.50

Molina Healthcare of Washington, Inc. (MHW)

46.40

UnitedHealthcare Community Plan (UHC)

47.70



Complete

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

49 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

43.70

Community Health Plan of Washington (CHPW)

42.70

Coordinated Care of Washington (CCW)

43.90

Molina Healthcare of Washington, Inc. (MHW)

46.20

UnitedHealthcare Community Plan (UHC)

42.40



Complete

D2.VII.1 Measure Name: Follow-up Care for Children Prescribed ADHD Medication (ADD-E), Continuation Phase

50 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

49.40

Community Health Plan of Washington (CHPW)

52.40

Coordinated Care of Washington (CCW)

50.10

Molina Healthcare of Washington, Inc. (MHW)

55.60

UnitedHealthcare Community Plan (UHC)

49.70



Complete

D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 30-day, Total 51 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

44.60

Community Health Plan of Washington (CHPW)

56.40

Coordinated Care of Washington (CCW)

40.80

Molina Healthcare of Washington, Inc. (MHW)

64.90

UnitedHealthcare Community Plan (UHC)

43.60



Complete

D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 7-day, Total 52 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

28.00

Community Health Plan of Washington (CHPW)

36.30

Coordinated Care of Washington (CCW)

27.30

Molina Healthcare of Washington, Inc. (MHW)

43.30

UnitedHealthcare Community Plan (UHC)

29.30



Complete

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

53 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

41.70

Community Health Plan of Washington (CHPW)

57.70

Coordinated Care of Washington (CCW)

57.20

Molina Healthcare of Washington, Inc. (MHW)

64.40

UnitedHealthcare Community Plan (UHC)

55.70



Complete

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

54 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

28.30

Community Health Plan of Washington (CHPW)

44.80

Coordinated Care of Washington (CCW)

41.60

Molina Healthcare of Washington, Inc. (MHW)

51.40

UnitedHealthcare Community Plan (UHC)

43.20



Complete

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

55 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

38.50

Community Health Plan of Washington (CHPW)

44.60

Coordinated Care of Washington (CCW)

42.00

Molina Healthcare of Washington, Inc. (MHW)

46.30

UnitedHealthcare Community Plan (UHC)

42.90



Complete

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

56 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

26.70

Community Health Plan of Washington (CHPW)

32.60

Coordinated Care of Washington (CCW)

31.00

Molina Healthcare of Washington, Inc. (MHW)

33.00

UnitedHealthcare Community Plan (UHC)

30.90



D2.VII.1 Measure Name: Follow-up after High Intensity Care 57 / 98
Complete for Substance Use Disorder (FUI), 30-day, Total

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

53.30

Community Health Plan of Washington (CHPW)

57.90

Coordinated Care of Washington (CCW)

56.70

Molina Healthcare of Washington, Inc. (MHW)

56.40

UnitedHealthcare Community Plan (UHC)

59.20



Complete **D2.VII.1 Measure Name: Follow-up after High Intensity Care 58 / 98**
for Substance Use Disorder (FUI), 7-day, Total

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

33.50

Community Health Plan of Washington (CHPW)

40.70

Coordinated Care of Washington (CCW)

38.40

Molina Healthcare of Washington, Inc. (MHW)

37.30

UnitedHealthcare Community Plan (UHC)

39.70



Complete

D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder (POD), Total 59 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

15.10

Community Health Plan of Washington (CHPW)

10.60

Coordinated Care of Washington (CCW)

17.90

Molina Healthcare of Washington, Inc. (MHW)

14.00

UnitedHealthcare Community Plan (UHC)

16.90



Complete

**D2.VII.1 Measure Name: Diabetes Screening for People with 60 / 98
Schizophrenia or Bipolar Disorder Who are Using
Antipsychotic Medication (SSD)**

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

78.60

Community Health Plan of Washington (CHPW)

76.80

Coordinated Care of Washington (CCW)

79.70

Molina Healthcare of Washington, Inc. (MHW)

78.80

UnitedHealthcare Community Plan (UHC)

79.40



Complete

D2.VII.1 Measure Name: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) 61 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

61.40

Community Health Plan of Washington (CHPW)

59.10

Coordinated Care of Washington (CCW)

57.00

Molina Healthcare of Washington, Inc. (MHW)

61.80

UnitedHealthcare Community Plan (UHC)

58.80



Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

62 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and

D2.VII.7b Reporting period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

60.70

Community Health Plan of Washington (CHPW)

60.40

Coordinated Care of Washington (CCW)

64.50

Molina Healthcare of Washington, Inc. (MHW)

65.10

UnitedHealthcare Community Plan (UHC)

66.90



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total 63 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

26.70

Community Health Plan of Washington (CHPW)

24.20

Coordinated Care of Washington (CCW)

28.40

Molina Healthcare of Washington, Inc. (MHW)

28.50

UnitedHealthcare Community Plan (UHC)

24.80



D2.VII.1 Measure Name: Nonrecommended Cervical Cancer Screening in Adolescent Females (NCS) (lower score is better) 64 / 98

Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

0.10

Community Health Plan of Washington (CHPW)

0.20

Coordinated Care of Washington (CCW)

0.20

Molina Healthcare of Washington, Inc. (MHW)

0.20

UnitedHealthcare Community Plan (UHC)

0.20



Complete

D2.VII.1 Measure Name: Appropriate Treatment for Upper Respiratory Infection (URI), Total 65 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

95.30

Community Health Plan of Washington (CHPW)

96.30

Coordinated Care of Washington (CCW)

96.10

Molina Healthcare of Washington, Inc. (MHW)

95.90

UnitedHealthcare Community Plan (UHC)

95.40



D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total 66 / 98

Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

75.10

Community Health Plan of Washington (CHPW)

77.40

Coordinated Care of Washington (CCW)

81.60

Molina Healthcare of Washington, Inc. (MHW)

73.00

UnitedHealthcare Community Plan (UHC)

71.80



D2.VII.1 Measure Name: Use of Imaging for Low back pain (LBP) 67 / 98
Complete

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

73.20

Community Health Plan of Washington (CHPW)

76.70

Coordinated Care of Washington (CCW)

74.30

Molina Healthcare of Washington, Inc. (MHW)

73.20

UnitedHealthcare Community Plan (UHC)

72.30



D2.VII.1 Measure Name: Use of Opioids at High Dose (HDO) 68 / 98
Complete (lower score is better)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

4.60

Community Health Plan of Washington (CHPW)

4.70

Coordinated Care of Washington (CCW)

4.90

Molina Healthcare of Washington, Inc. (MHW)

4.50

UnitedHealthcare Community Plan (UHC)

8.00



Complete

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

69 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

1.10

Community Health Plan of Washington (CHPW)

1.80

Coordinated Care of Washington (CCW)

1.10

Molina Healthcare of Washington, Inc. (MHW)

2.20

UnitedHealthcare Community Plan (UHC)

1.80



D2.VII.1 Measure Name: Risk of Continued Opioid Use (COU),70 / 98
Complete At least 30 days, Total

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

2.70

Community Health Plan of Washington (CHPW)

2.20

Coordinated Care of Washington (CCW)

2.10

Molina Healthcare of Washington, Inc. (MHW)

2.00

UnitedHealthcare Community Plan (UHC)

2.80



Complete

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

71 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

63.60

Community Health Plan of Washington (CHPW)

65.30

Coordinated Care of Washington (CCW)

66.50

Molina Healthcare of Washington, Inc. (MHW)

71.60

UnitedHealthcare Community Plan (UHC)

67.80



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, Total 72 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

44.50

Community Health Plan of Washington (CHPW)

34.40

Coordinated Care of Washington (CCW)

37.60

Molina Healthcare of Washington, Inc. (MHW)

43.10



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total

73 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

11.60

Community Health Plan of Washington (CHPW)

9.90

Coordinated Care of Washington (CCW)

9.50

Molina Healthcare of Washington, Inc. (MHW)

11.40



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC) 74 / 98

Timeliness of Prenatal Care

D2.VII.2 Measure Domain

Maternal and perinatal health

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

83.90

Community Health Plan of Washington (CHPW)

86.40

Coordinated Care of Washington (CCW)

77.40

Molina Healthcare of Washington, Inc. (MHW)

90.30

UnitedHealthcare Community Plan (UHC)

81.00



Complete

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

75 / 98

D2.VII.2 Measure Domain

Maternal and perinatal health

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

76.40

Community Health Plan of Washington (CHPW)

83.20

Coordinated Care of Washington (CCW)

71.10

Molina Healthcare of Washington, Inc. (MHW)

82.00

UnitedHealthcare Community Plan (UHC)

74.90



Complete

D2.VII.1 Measure Name: Use of First line Psychosocial Care for Children and Adolescent on Antipsychotics (APP), Total 76 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

52.60

Community Health Plan of Washington (CHPW)

55.20

Coordinated Care of Washington (CCW)

61.80

Molina Healthcare of Washington, Inc. (MHW)

59.00

UnitedHealthcare Community Plan (UHC)

56.90



D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), First 15 months 77 / 98

Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

52.80

Community Health Plan of Washington (CHPW)

58.50

Coordinated Care of Washington (CCW)

52.90

Molina Healthcare of Washington, Inc. (MHW)

57.80

UnitedHealthcare Community Plan (UHC)

53.80



D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), 15-30 months 78 / 98

Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

63.30

Community Health Plan of Washington (CHPW)

63.30

Coordinated Care of Washington (CCW)

65.90

Molina Healthcare of Washington, Inc. (MHW)

65.40

UnitedHealthcare Community Plan (UHC)

63.70



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV), Total 99 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

42.10

Community Health Plan of Washington (CHPW)

43.00

Coordinated Care of Washington (CCW)

45.20

Molina Healthcare of Washington, Inc. (MHW)

46.40

UnitedHealthcare Community Plan (UHC)

41.30



Complete

D2.VII.1 Measure Name: Ambulatory Care (AMB), Outpatient80 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

2546.10

Community Health Plan of Washington (CHPW)

2557.10

Coordinated Care of Washington (CCW)

3125.50

Molina Healthcare of Washington, Inc. (MHW)

3229.10

UnitedHealthcare Community Plan (UHC)



Complete

D2.VII.1 Measure Name: Ambulatory Care (AMB), Emergency Department 81 / 98**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**Amerigroup (AMG)**

525.10

Community Health Plan of Washington (CHPW)

429.50

Coordinated Care of Washington (CCW)

537.90

Molina Healthcare of Washington, Inc. (MHW)

495.30

UnitedHealthcare Community Plan (UHC)

508.50



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR), 82 / 98
Observed-to-Expected Ratio, Total**

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

0.90

Community Health Plan of Washington (CHPW)

0.93

Coordinated Care of Washington (CCW)

1.01

Molina Healthcare of Washington, Inc. (MHW)

0.83

UnitedHealthcare Community Plan (UHC)

0.78



Complete

D2.VII.1 Measure Name: Substance Use Disorder Treatment Rate (SUD), 12-64 years 83 / 98

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
N/A

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

D2.VII.6 Measure Set
State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

36.40

Community Health Plan of Washington (CHPW)

35.00

Coordinated Care of Washington (CCW)

35.40

Molina Healthcare of Washington, Inc. (MHW)

36.40

UnitedHealthcare Community Plan (UHC)

37.40



Complete

D2.VII.1 Measure Name: Mental Health Service Rate, Broad Definition (MH-B), 6-64 years 84 / 98

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
State-specific

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

No, 01/02/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

50.90

Community Health Plan of Washington (CHPW)

52.80

Coordinated Care of Washington (CCW)

54.40

Molina Healthcare of Washington, Inc. (MHW)

55.60

UnitedHealthcare Community Plan (UHC)

48.60



Complete

D2.VII.1 Measure Name: Getting Needed Care (Composite), 85 / 98 Adult

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

70.00

Community Health Plan of Washington (CHPW)

75.00

Coordinated Care of Washington (CCW)

75.40

Molina Healthcare of Washington, Inc. (MHW)

74.10

UnitedHealthcare Community Plan (UHC)

69.40



Complete

D2.VII.1 Measure Name: Getting Care Quickly (Composite), 86 / 98 Adult

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

69.00

Community Health Plan of Washington (CHPW)

74.40

Coordinated Care of Washington (CCW)

71.10

Molina Healthcare of Washington, Inc. (MHW)

76.20

UnitedHealthcare Community Plan (UHC)

63.40



D2.VII.1 Measure Name: How Well Doctors Communicate 87 / 98
Complete (Composite), Adult

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

90.00

Community Health Plan of Washington (CHPW)

90.20

Coordinated Care of Washington (CCW)

92.60

Molina Healthcare of Washington, Inc. (MHW)

94.80

UnitedHealthcare Community Plan (UHC)

87.70



Complete

D2.VII.1 Measure Name: Customer Service (Composite), Adults 88 / 98

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

84.80

Community Health Plan of Washington (CHPW)

85.50

Coordinated Care of Washington (CCW)

85.80

Molina Healthcare of Washington, Inc. (MHW)

88.10

UnitedHealthcare Community Plan (UHC)



Complete

D2.VII.1 Measure Name: Getting Need Care (Composite), Child 89 / 98

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

78.10

Community Health Plan of Washington (CHPW)

73.30

Coordinated Care of Washington (CCW)

79.20

Molina Healthcare of Washington, Inc. (MHW)

71.20

UnitedHealthcare Community Plan (UHC)

82.10



Complete

D2.VII.1 Measure Name: Getting Care Quickly (Composite), 90 / 98
Child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

79.60

Community Health Plan of Washington (CHPW)

75.10

Coordinated Care of Washington (CCW)

79.20

Molina Healthcare of Washington, Inc. (MHW)

79.70

UnitedHealthcare Community Plan (UHC)

81.40



D2.VII.1 Measure Name: How Well Doctors Communicate 91 / 98
Complete (Composite), Child

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

91.90

Community Health Plan of Washington (CHPW)

89.40

Coordinated Care of Washington (CCW)

89.20

Molina Healthcare of Washington, Inc. (MHW)

91.80

UnitedHealthcare Community Plan (UHC)

91.80



Complete

D2.VII.1 Measure Name: Customer Service (Composite), Child 92 / 98

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
CAHPS

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

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

87.40

Community Health Plan of Washington (CHPW)

86.70

Coordinated Care of Washington (CCW)

95.50

Molina Healthcare of Washington, Inc. (MHW)

88.90

UnitedHealthcare Community Plan (UHC)



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-E)

93 / 98

Total**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results**Amerigroup (AMG)**

26.50

Community Health Plan of Washington (CHPW)

31.10

Coordinated Care of Washington (CCW)

34.30

Molina Healthcare of Washington, Inc. (MHW)

32.20

UnitedHealthcare Community Plan (UHC)

32.10



D2.VII.1 Measure Name: Diagnosed Mental Health Disorders94 / 98
Complete (DMH), Total

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

24.30

Community Health Plan of Washington (CHPW)

22.30

Coordinated Care of Washington (CCW)

26.50

Molina Healthcare of Washington, Inc. (MHW)

26.80

UnitedHealthcare Community Plan (UHC)

26.30



Complete

D2.VII.1 Measure Name: Antibiotic Utilizations for Respiratory Conditions (AXR), Total 95 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

13.40

Community Health Plan of Washington (CHPW)

12.20

Coordinated Care of Washington (CCW)

13.90

Molina Healthcare of Washington, Inc. (MHW)

13.90

UnitedHealthcare Community Plan (UHC)

13.20



Complete

D2.VII.1 Measure Name: Adult Immunization Status (AIS-E), 96 / 98 Influenza

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

14.80

Community Health Plan of Washington (CHPW)

17.00

Coordinated Care of Washington (CCW)

11.60

Molina Healthcare of Washington, Inc. (MHW)

16.20

UnitedHealthcare Community Plan (UHC)

19.00



Complete

D2.VII.1 Measure Name: Adult Immunization Status (AIS-E), 97 / 98
Td/Tdap

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

37.50

Community Health Plan of Washington (CHPW)

56.50

Coordinated Care of Washington (CCW)

55.90

Molina Healthcare of Washington, Inc. (MHW)

44.60

UnitedHealthcare Community Plan (UHC)

56.80



D2.VII.1 Measure Name: Adult Immunization Status (AIS-E), 98 / 98
Complete Zoster

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set
HEDIS

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Amerigroup (AMG)

11.40

Community Health Plan of Washington (CHPW)

14.20

Coordinated Care of Washington (CCW)

11.30

Molina Healthcare of Washington, Inc. (MHW)

13.50

Section D: Plan-Level Indicators

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

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



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 9

**D3.VIII.2 Plan
performance issue****D3.VIII.3 Plan name**

Amerigroup (AMG)

TEAMonitor results
showed include:
inappropriate
denials, strain on
healthcare providers,
unwarranted appeals,
necessity for
additional
administrative
hearings.

D3.VIII.4 Reason for intervention

Non-compliance with specified obligations outlined in the Integrated Managed Care (IMC) contracts from 2017 to 2023, as determined by the Health Care Authority (HCA). Specifically, AMG's failure to adhere to Utilization Management (UM) and Authorization of Services requirements has resulted in tangible harm experienced by enrollees and the State's Medicaid program.

Sanction details**D3.VIII.5 Instances of non-
compliance**

16

D3.VIII.6 Sanction amount

\$1,600,000

D3.VIII.7 Date assessed

08/04/2023

**D3.VIII.8 Remediation date
non-compliance was
corrected**

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 9

D3.VIII.2 Plan

performance issue

Untimely reporting of enhancement and encounter payments.

D3.VIII.3 Plan name

Amerigroup (AMG)

D3.VIII.4 Reason for intervention

Non-compliance persisted despite being identified previously. AMG continued to implement internal processes leading to delayed encounter payments to providers.

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

09/01/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 01/30/2024

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Liquidated damages

3 / 9

D3.VIII.2 Plan

performance issue

untimely submission of data

D3.VIII.3 Plan name

Amerigroup (AMG)

D3.VIII.4 Reason for intervention

Non-compliant with certain obligations under the Integrated Managed Care (IMC) contract for calendar year (CY) 2023. The issues addressed in this letter pertain to the late submission of

data modules necessary for CY 2024 IMC capitation rate development.

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$54,173

D3.VIII.7 Date assessed

09/20/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

4 / 9

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Amerigroup (AMG)

D3.VIII.4 Reason for intervention

Non-compliant with its obligations under the Apple Health Integrated Managed Care contract regarding the Non-Participating Provider Reporting required for legislative reporting.

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

11/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

5 / 9

D3.VIII.2 Plan

performance issue

Reporting

D3.VIII.3 Plan name

Coordinated Care of Washington (CCW)

D3.VIII.4 Reason for intervention

Non-compliant with its obligations under the Integrated Managed Care (IMC) contract. The issues pertain to (1) late and incomplete submission of encounter data and (2) the requirements for validation of encounter data within 1% of the general ledger.

Sanction details

D3.VIII.5 Instances of non-compliance

0

D3.VIII.6 Sanction amount

\$196,500

D3.VIII.7 Date assessed

02/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Liquidated damages

6 / 9

D3.VIII.2 Plan

performance issue

Erroneous payment

D3.VIII.3 Plan name

Molina Healthcare of Washington, Inc.
(MHW)

D3.VIII.4 Reason for intervention

Non-compliant with certain obligations under the Integrated Managed Care (IMC) contract. The issues pertained to the

erroneous payment of outpatient claims by Molina during May and June of 2022 that resulted in the submission of inaccurate encounter data to HCA

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
0	\$120,036
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was corrected
11/16/2023	Yes, remediated 02/08/2024
D3.VIII.9 Corrective action plan	
No	



D3.VIII.1 Intervention type: Corrective action plan

7 / 9

D3.VIII.2 Plan performance issue	D3.VIII.3 Plan name
Performance improvement	UnitedHealthcare Community Plan (UHC)

D3.VIII.4 Reason for intervention

Non-compliant with certain obligations under the 2023 Integrated Managed Care (IMC) contract. The issues pertain to the misrepresentation of and inability to maintain an adequate network in Great Rivers Regional Service Area (RSA), specifically in Grays Harbor County.

Sanction details

D3.VIII.5 Instances of non-compliance	D3.VIII.6 Sanction amount
3	\$200,000
D3.VIII.7 Date assessed	D3.VIII.8 Remediation date non-compliance was
08/08/2023	

corrected
Remediation in progress

D3.VIII.9 Corrective action plan

Yes

✓
Complete

D3.VIII.1 Intervention type: Notice of Overpayment

8 / 9

**D3.VIII.2 Plan
performance issue**

D3.VIII.3 Plan name

Amerigroup (AMG)

Overpayment of
Delivery Case Rate
(DCR) Service Based
Enhancements SBE

D3.VIII.4 Reason for intervention

The Plan received DCR SBE payments in excess of the amount to which they were entitled.

Sanction details

**D3.VIII.5 Instances of non-
compliance**

838

D3.VIII.6 Sanction amount

\$8,545,451.25

D3.VIII.7 Date assessed

11/08/2023

**D3.VIII.8 Remediation date
non-compliance was**

corrected

Yes, remediated 11/16/2023

D3.VIII.9 Corrective action plan

Yes

✓
Complete

D3.VIII.1 Intervention type: Notice of Overpayment

9 / 9

**D3.VIII.2 Plan
performance issue**

D3.VIII.3 Plan name

Coordinated Care of Washington (CCW)

Overpayment of
Delivery Case Rate
(DCR) Service Based
Enhancements SBE

D3.VIII.4 Reason for intervention

The Plan received DCR SBE payments in excess of the amount to which they were entitled.

Sanction details

D3.VIII.5 Instances of non-compliance
686

D3.VIII.6 Sanction amount
\$4,691,998.69

D3.VIII.7 Date assessed
11/08/2023

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 11/09/2023

D3.VIII.9 Corrective action plan
Yes

Section D: Plan-Level Indicators

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	Amerigroup (AMG)
		6
		Community Health Plan of Washington (CHPW)
		14
		Coordinated Care of Washington (CCW)
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	4.5
		Molina Healthcare of Washington, Inc. (MHW)
		27
		UnitedHealthcare Community Plan (UHC)
		5
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the	Amerigroup (AMG)
		3,232
		Community Health Plan of Washington (CHPW)
		59
		Coordinated Care of Washington (CCW)
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	3,376
		Molina Healthcare of Washington, Inc. (MHW)
		89
		UnitedHealthcare Community Plan (UHC)
		210
D1X.3	Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the	Amerigroup (AMG)
		3,232:213
		Community Health Plan of Washington (CHPW)
		59:245

plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Coordinated Care of Washington (CCW)

3,376:197

Molina Healthcare of Washington, Inc. (MHW)

89:937

UnitedHealthcare Community Plan (UHC)

210:237

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Amerigroup (AMG)

432

Community Health Plan of Washington (CHPW)

38

Coordinated Care of Washington (CCW)

3,365

Molina Healthcare of Washington, Inc. (MHW)

64

UnitedHealthcare Community Plan (UHC)

396

D1X.5

Ratio of resolved program integrity investigations to enrollees

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Amerigroup (AMG)

432:213

Community Health Plan of Washington (CHPW)

38:245

Coordinated Care of Washington (CCW)

3,365:197

Molina Healthcare of Washington, Inc. (MHW)

64:937

UnitedHealthcare Community Plan (UHC)

D1X.6**Referral path for program integrity referrals to the state**

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Amerigroup (AMG)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Community Health Plan of Washington (CHPW)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Coordinated Care of Washington (CCW)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Molina Healthcare of Washington, Inc. (MHW)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UnitedHealthcare Community Plan (UHC)

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

D1X.7**Count of program integrity referrals to the state**

Enter the total number of program integrity referrals made during the reporting year.

Amerigroup (AMG)

9

Community Health Plan of Washington (CHPW)

9

Coordinated Care of Washington (CCW)

4

Molina Healthcare of Washington, Inc. (MHW)

32

UnitedHealthcare Community Plan (UHC)

15

D1X.8**Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Amerigroup (AMG)

9:213

Community Health Plan of Washington (CHPW)

9:245

Coordinated Care of Washington (CCW)

4:197

Molina Healthcare of Washington, Inc. (MHW)

32:937

UnitedHealthcare Community Plan (UHC)

15:237

D1X.9**Plan overpayment reporting to the state**

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

Amerigroup (AMG)

Reporting Period: 2023; Overpayment Recoveries: \$10,366,755.02; Total Premium Revenue: \$1,097,765,617.51; Ratio of Recoveries to Premium Revenue: 0.94%

Community Health Plan of Washington (CHPW)

Reporting Period: 2023; Overpayment Recoveries: \$922,725.95; Total Premium Revenue: \$1,191,874,550.54; Ratio of Recoveries to Premium Revenue: 0.08%

Coordinated Care of Washington (CCW)

Reporting Period: 2023; Overpayment Recoveries: \$8,828,446.17; Total Premium Revenue: \$894,856,787.81; Ratio of Recoveries to Premium Revenue: 0.99%

Molina Healthcare of Washington, Inc. (MHW)

Reporting Period: 2023; Overpayment Recoveries: \$83,723,050.31; Total

Premium Revenue:
\$4,176,694,814.83; Ratio of
Recoveries to Premium Revenue:
2.00%

**UnitedHealthcare Community Plan
(UHC)**

Reporting Period: 2023; Overpayment
Recoveries: \$16,434,945.80; Total
Premium Revenue:
\$1,212,229,332.72; Ratio of
Recoveries to Premium Revenue:
1.36%

D1X.10 **Changes in beneficiary
circumstances**

Select the frequency the
plan reports changes in
beneficiary circumstances
to the state.

Amerigroup (AMG)

Promptly when plan receives
information about the change

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

Promptly when plan receives
information about the change

**Coordinated Care of Washington
(CCW)**

Promptly when plan receives
information about the change

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

Promptly when plan receives
information about the change

**UnitedHealthcare Community Plan
(UHC)**

Promptly when plan receives
information about the change

Section E: BSS Entity Indicators

Section E: BSS Entity Indicators

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the [Program-Level BSS](#) page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Washington Healthplanfinder State Government Entity Other Community-Based Organization Enrollment Broker Other, specify – Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister
EIX.2	BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	Washington Healthplanfinder Enrollment Broker/Choice Counseling Beneficiary Outreach