

# Managed Care Program Annual Report (MCPAR) for Washington: IMC MCPAR 2024

| Due date   | Last edited | Edited by            | Status    |
|------------|-------------|----------------------|-----------|
| 06/29/2025 | 08/17/2026  | ALESIA SPRUILL MCKOY | Submitted |

| Indicator                                                                                                                                                                                                                                                                       | Response     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Exclusion of CHIP from MCPAR</b><br><br>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 |
| <b>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?</b>                                                                                             |              |

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

## Section A: Program Information

### Point of Contact

| Number | Indicator                                                                                                                                                                                                                                                                                         | Response                |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| A1     | <b>State name</b><br>Auto-populated from your account profile.                                                                                                                                                                                                                                    | Washington              |
| A2a    | <b>Contact name</b><br>First and last name of the contact person.<br>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. | Alesia McKoy            |
| A2b    | <b>Contact email address</b><br>Enter email address.<br>Department or program-wide email addresses ok.                                                                                                                                                                                            | alesia.mckoy@hca.wa.gov |
| A3a    | <b>Submitter name</b><br>CMS receives this data upon submission of this MCPAR report.                                                                                                                                                                                                             | ALESIA SPRUILL MCKOY    |
| A3b    | <b>Submitter email address</b><br>CMS receives this data upon submission of this MCPAR report.                                                                                                                                                                                                    | alesia.mckoy@hca.wa.gov |
| A4     | <b>Date of report submission</b><br>CMS receives this date upon submission of this MCPAR report.                                                                                                                                                                                                  | 08/17/2026              |

## Reporting Period

| Number | Indicator                                                                   | Response       |
|--------|-----------------------------------------------------------------------------|----------------|
| A5a    | <b>Reporting period start date</b><br>Auto-populated from report dashboard. | 01/01/2024     |
| A5b    | <b>Reporting period end date</b><br>Auto-populated from report dashboard.   | 12/31/2024     |
| A6     | <b>Program name</b><br>Auto-populated from report dashboard.                | IMC MCPAR 2024 |

## Add plans (A.7)

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

| Indicator        | Response                                                                                                                                                                                                                                       |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan name</b> | Wellpoint Washington, Incorporated (WLP)<br><br>Community Health Plan of Washington (CHPW)<br><br>Coordinated Care of Washington (CCW)<br><br>Molina Healthcare of Washington, Incorporated (MHW)<br><br>UnitedHealthcare Community Plan (UHC) |

## Add BSS entities (A.8)

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 |

Add In Lieu of Services and Settings (A.9)



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

| Indicator | Response                                    |
|-----------|---------------------------------------------|
| ILOS name | Intensive Behavioral Supportive Supervision |

# Section B: State-Level Indicators

## Topic I. Program Characteristics and Enrollment

| Number | Indicator                                                                                                                                                                                                                                                                                                                                                  | Response  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| BI.1   | <b>Statewide Medicaid enrollment</b><br><br>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.                                   | 1,995,091 |
| BI.2   | <b>Statewide Medicaid managed care enrollment</b><br><br>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. | NaN       |

## Topic III. Encounter Data Report

| Number        | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Response                                                 |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>BIII.1</b> | <b>Data validation entity</b><br>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<br><br>Proprietary system(s) |
| <b>BIII.2</b> | <b>HIPAA compliance of proprietary system(s) for encounter data validation</b><br><br>Were the system(s) utilized fully HIPAA compliant? Select one.                                                                                                                                                                                                                                                                                                                                   | Yes                                                      |

## Topic X: Program Integrity

| Number      | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BX.1</b> | <p><b>Payment risks between the state and plans</b></p> <p>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.</p> | <p>MLR audit with focus on reporting of values for lines 1.9, 1.10 &amp; 1.11; Payment of Delivery Case Rate (DCR) Service-Based Enhancement (SBE) for clients with comparable third-party coverage; Pharmacy - Underpaid Pharmacy &amp; MAC Pricing audit; Network Adequacy Audit - Validate MCO network - ghost networks; Encounter Validation Review - Validation of MCO submitted encounters; Payment of WISe Service-Based Enhancement (SBE) for months with qualifying encounters that meet the criteria outlined in the Encounter Data Reporting Guide (EDRG).</p> |
| <b>BX.2</b> | <p><b>Contract standard for overpayments</b></p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Allow plans to retain overpayments</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>BX.3</b> | <p><b>Location of contract provision stating overpayment standard</b></p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Sections 5 &amp; 12 (5.5, 12.1, 12.4 &amp; 12.10) for overpayments made by the plans to their network providers.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>BX.4</b> | <p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>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.</p>                                                                                                                                                                                                                             |

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

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BX.5</b>  | <b>State overpayment reporting monitoring</b><br>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. |
| <b>BX.6</b>  | <b>Changes in beneficiary circumstances</b><br>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.).    |
| <b>BX.7a</b> | <b>Changes in provider circumstances: Monitoring plans</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BX.7b</b> | <b>Changes in provider circumstances: Metrics</b><br><br>Does the state use a metric or indicator to assess plan reporting performance? Select one.                                                                                                                                                                                                                                                                                                                                                                                                                               | No                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>BX.8a</b> | <b>Federal database checks: Excluded person or entities</b><br><br>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. | Yes                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>BX.8b</b> | <b>Federal database checks: Summarize instances of exclusion</b><br><br>Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions.                                                                                                                                                                                                                                                                                                                                         | Provider Enrollment's screening results with possible exclusions were sent to Quality Management Team (QMT) in which we confirmed active exclusions for the 14 enrolled providers. QMT mailed Termination letters to two of those 14 providers which were reported to CMS DEX. QMT mailed Inactivation letters to the remaining 12 providers but were not reported to CMS DEX because they were not Terminated. |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BX.9a</b> | <b>Website posting of 5 percent or more ownership control</b><br><br>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 42 CFR 438.602(g)(3) and 455.104.                                                                                                                                       | Yes                                                                                                                                                                                       |
| <b>BX.9b</b> | <b>Website posting of 5 percent or more ownership control: Link</b><br><br>What is the link to the website? Refer to 42 CFR 602(g)(3).                                                                                                                                                                                                                                                                                                          | <a href="https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting">https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting</a> |
| <b>BX.10</b> | <b>Periodic audits</b><br><br>If the state conducted any audits during the contract year to determine the 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. | <a href="https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting">https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting</a> |

## Topic XIII. Prior Authorization



**Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.**

| Number | Indicator                                  | Response           |
|--------|--------------------------------------------|--------------------|
| N/A    | Are you reporting data prior to June 2026? | Not reporting data |

## Section C: Program-Level Indicators

### Topic I: Program Characteristics

| Number        | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Response                                                                                                                                                                                                                                |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C11.1</b>  | <b>Program contract</b><br>Enter the title of the contract between the state and plans participating in the managed care program.                                                                                                                                                                                                                                                                                                                                                                                          | Apple Health Intergrated Managed Care (IMC 01/01/2024))                                                                                                                                                                                 |
| <b>N/A</b>    | Enter the date of the contract between the state and plans participating in the managed care program.                                                                                                                                                                                                                                                                                                                                                                                                                      | 01/01/2024                                                                                                                                                                                                                              |
| <b>C11.2</b>  | <b>Contract URL</b><br>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.                                                                                                                                                                                                                                                                                                                                                                        | <a href="https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts">https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts</a> |
| <b>C11.3</b>  | <b>Program type</b><br>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)                                                                                                                                                                                                         |
| <b>C11.4a</b> | <b>Special program benefits</b><br>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.<br>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                                                                                                                                                                                                                       |
| <b>C11.4b</b> | <b>Variation in special benefits</b><br>What are any variations in the availability of special benefits within the program (e.g. by service                                                                                                                                                                                                                                                                                                                                                                                | Value added benefits                                                                                                                                                                                                                    |

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

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|              |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>C11.5</b> | <b>Program enrollment</b><br><br>Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).                                                                                                                                                                                                     | 1,643,470                                                                            |
| <b>C11.6</b> | <b>Changes to enrollment or benefits</b><br><br>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. | There were no major changes to the population or benefits during the reporting year. |

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## Topic III: Encounter Data Report

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Response                                                                                                                                                                                                                                    |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1III.1 | <b>Uses of encounter data</b><br>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<br>Quality/performance measurement<br>Contract oversight<br>Program integrity<br>Policy making and decision support                                                                                                            |
| C1III.2 | <b>Criteria/measures to evaluate MCP performance</b><br>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<br>Timeliness of data corrections<br>Timeliness of data certifications<br>Use of correct file formats<br>Provider ID field complete<br>Overall data accuracy (as determined through data validation) |
| C1III.3 | <b>Encounter data performance criteria contract language</b><br>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.                                                                                                                                                                                            | 5.16-5.16.11.3                                                                                                                                                                                                                              |
| C1III.4 | <b>Financial penalties contract language</b><br>Provide reference(s) to the contract section(s) that                                                                                                                                                                                                                                                                                                                                                                                          | 3.16.9.3                                                                                                                                                                                                                                    |

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.

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**C1III.5      Incentives for encounter data quality      N/A**

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.

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**C1III.6      Barriers to collecting/validating encounter data      Barriers we experienced though not limited to were data quality issues, timeliness, data format compatibility, technical challenges, and contractor reluctance/resistance.**

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.

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## **Topic IV. Appeals, State Fair Hearings & Grievances**

| Number | Indicator                                                                                                                                                                                                                                                                                                                                                                                          | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1IV.1 | <p><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></p> <p>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.</p>                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| C1IV.2 | <p><b>State definition of “timely” resolution for standard appeals</b></p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program.<br/>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.</p> | <p>IMC Contract Subsection 13.3.1.11.1: 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.</p> |
| C1IV.3 | <p><b>State definition of “timely” resolution for expedited appeals</b></p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program.<br/>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.</p>             | <p>IMC Contract Subsection 13.4.4.1: For expedited resolution of Appeals, Appeals of Concurrent Review authorizations, 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.</p>                                                                                                                                                                                                                                                           |
| C1IV.4 | <p><b>State definition of “timely” resolution for</b></p>                                                                                                                                                                                                                                                                                                                                          | <p>IMC Contract Subsection 13.2.1.7: The Contractor shall complete the resolution</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## **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.

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.

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## **Topic V. Availability, Accessibility and Network Adequacy**

### **Network Adequacy**

| Number | Indicator                                                                                                                                                                                                                                                                                                                                                    | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1V.1  | <p><b>Gaps/challenges in network adequacy</b></p> <p>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.</p> | <p>HCA primarily focuses on the critical provider types outlined in CFR to monitor on a quarterly basis using time and distance. 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. This is something we are particularly monitoring for high acuity behavioral health services and obstetrics.</p>                                                                                                                                                                                                                                                                                             |
| C1V.2  | <p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>                                                                                                                                                                                                                       | <p>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 nonperformance penalties when issues require escalation. Corrective actions also require monitoring and additional case management, care coordination support for individuals in that area where the gap has been identified.</p> |

## 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 / 14

#### 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 / 14

#### 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 / 14

#### **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**

Statewide

##### **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 / 14

#### **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 / 14

### 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 / 14

### 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 / 14

### 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 / 14

### 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

Statewide

#### 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 / 14

#### **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**

Statewide

#### **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: Service fulfillment**

10 / 14

#### **C2.V.2 Measure standard**

Error rate of 10% or less

#### **C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

All Critical  
Provider types

**C2.V.5 Region**

Statewide

**C2.V.6****Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Other, specify

**C2.V.8 Frequency of oversight methods**

No set time period



Complete

**C2.V.3 Standard type: Service fulfillment**

11 / 14

**C2.V.2 Measure standard**

Error rate of 10% or less

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

All Critical  
Provider types

**C2.V.5 Region**

Statewide

**C2.V.6****Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Other, specify

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.3 Standard type: Service fulfillment**

12 / 14

**C2.V.2 Measure standard**

No standard

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

All provider types

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Review of grievances related to access

**C2.V.8 Frequency of oversight methods**

Annually



Complete

**C2.V.3 Standard type: Service fulfillment**

13 / 14

**C2.V.2 Measure standard**

No standard

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

All provider types

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Secret shopper calls

**C2.V.8 Frequency of oversight methods**

No set time period



Complete

**C2.V.3 Standard type: Provider directory accuracy**

14 / 14

**C2.V.2 Measure standard**

No standard

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

All provider types

**C2.V.5 Region**

Statewide

**C2.V.6****Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Other, specify

**C2.V.8 Frequency of oversight methods**

Annually

**Topic IX: Beneficiary Support System (BSS)**

| Number | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                 | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1IX.1 | <b>BSS website</b><br>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.                                                                                                                                                                                                                                         | <a href="https://www.hca.wa.gov/about-hca/contact-hca">https://www.hca.wa.gov/about-hca/contact-hca</a> ,<br><a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a> ,<br><a href="https://www.wahealthplanfinder.org/us/en/tools-and-resources/connect-with-us/virtual-help-details.html">https://www.wahealthplanfinder.org/us/en/tools-and-resources/connect-with-us/virtual-help-details.html</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| C1IX.2 | <b>BSS auxiliary aids and services</b><br>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: <a href="https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/policies/nondiscriminationaccessibility/">https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/policies/nondiscriminationaccessibility/</a> Washington Healthplanfinder - How to Get Language Support website: <a href="https://www.wahealthplanfinder.org/us/en/tools-and-resources/how-to/language-support.html">https://www.wahealthplanfinder.org/us/en/tools-and-resources/how-to/language-support.html</a> Washington Healthplanfinder - Accessibility and Inclusion website: <a href="https://www.wahealthplanfinder.org/us/en/about-us/our-organization/accessibility-and-inclusion.html">https://www.wahealthplanfinder.org/us/en/about-us/our-organization/accessibility-and-inclusion.html</a> Washington Health Care Authority - Notice of Nondiscrimination website: <a href="https://www.hca.wa.gov/about-hca/nondiscrimination-statement">https://www.hca.wa.gov/about-hca/nondiscrimination-statement</a> Washington Health Care Authority - ADA Accessibility website: <a href="https://www.hca.wa.gov/about-hca/ada-accessibility">https://www.hca.wa.gov/about-hca/ada-accessibility</a> Washington Health Care Authority - Language Access website: |

|               |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C1IX.3</b> | <b>BSS LTSS program data</b><br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>C1IX.4</b> | <b>State evaluation of BSS entity performance</b><br><br>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?                                                                                  | <p>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.</p> <p>Navigators:</p> <ul style="list-style-type: none"><li>• Lead Organizations send monthly enrollment and outreach reports to the Exchange.</li><li>• Quality, effectiveness, and efficiency is measured by the key performance indicators (KPIs):<ul style="list-style-type: none"><li>o Complete outreach plan and report delivered monthly</li><li>o Monthly outreach activities reach attendance limit</li><li>o Favorable support and responsiveness ratings from Navigators they support during the yearly Navigator Survey</li><li>o Navigator background checks are completed timely every two years</li><li>o Navigators pass certification quizzes within the first three attempts</li><li>o Partner Organization subcontracts (MOUs) are executed and submitted to the Exchange timely</li><li>o Minimum standards of Qualified Health Plan re-enrollment of customers partnered with a Navigator</li></ul></li></ul> <p>Brokers:</p> <ul style="list-style-type: none"><li>• Brokers must sign a Washington Health Benefit Exchange Producer Participation Agreement confirming:<ul style="list-style-type: none"><li>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.</li><li>o They will comply with all applicable federal and state laws and</li></ul></li></ul> |

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.

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## Topic X: Program Integrity

| Number | Indicator                                                                                                                                                                                                                                                                           | Response |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| C1X.3  | <b>Prohibited affiliation disclosure</b><br><br>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       |

## Topic XII. Mental Health and Substance Use Disorder Parity

| Number   | Indicator                                                                                                                                                                                                                                                                                                                                                                                | Response                                                                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| C1XII.4  | <p><b>Does this program include MCOs?</b></p> <p>If “Yes”, please complete the following questions.</p>                                                                                                                                                                                                                                                                                  | Yes                                                                      |
| C1XII.5  | <p><b>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</b></p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>                                                                                                                    | Yes                                                                      |
| C1XII.6  | <p><b>Did the State or MCOs complete the most recent parity analysis(es)?</b></p>                                                                                                                                                                                                                                                                                                        | Other, specify – MCOs and State reviewed their analysis.                 |
| C1XII.7a | <p><b>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</b></p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p> | Yes                                                                      |
| C1XII.7b | <p><b>Describe the event(s) that necessitated an update to the parity analysis(es).</b></p> <p>Select all that apply.</p>                                                                                                                                                                                                                                                                | <p>Changes in benefits</p> <p>Other, specify – State Plan Amendments</p> |
| C1XII.8  | <p><b>When was the last parity analysis(es) for this program completed?</b></p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the</p>                                                                                                                                                                                               | 11/01/2024                                                               |

date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).

|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>C1XII.9</b>   | <b>When was the last parity analysis(es) for this program submitted to CMS?</b><br><br>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO). | 04/10/2025 |
| <b>C1XII.10a</b> | <b>In the last analysis(es) conducted, were any deficiencies identified?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | No         |
| <b>C1XII.12a</b> | <b>Has the state posted the current parity analysis(es) covering this program on its website?</b><br><br>The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the                                                                                         | Yes        |

MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

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|                  |                                                                                                                                               |                                                                                                                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C1XII.12b</b> | <b>Provide the URL link(s).</b><br>Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas. | <a href="https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports">https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports</a> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

| Number | Indicator                                                                                                                                                                                                                                                                                              | Response                                                                                                                                                                                                                                                                                                                                             |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1I.1  | <b>Plan enrollment</b><br>Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).                                                                                                                                              | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>170,004</p> <p><b>Community Health Plan of Washington (CHPW)</b><br/>249,130</p> <p><b>Coordinated Care of Washington (CCW)</b><br/>176,273</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br/>840,667</p> <p><b>UnitedHealthcare Community Plan (UHC)</b><br/>207,396</p> |
| D1I.2  | <b>Plan share of Medicaid</b><br>What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul> | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>8.5%</p> <p><b>Community Health Plan of Washington (CHPW)</b><br/>12.5%</p> <p><b>Coordinated Care of Washington (CCW)</b><br/>8.8%</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br/>42.1%</p> <p><b>UnitedHealthcare Community Plan (UHC)</b><br/>10.4%</p>             |
| D1I.3  | <b>Plan share of any Medicaid managed care</b><br>What is the plan enrollment (regardless of program) as a percentage of total                                                                                                                                                                         | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>9.9%</p>                                                                                                                                                                                                                                                                                      |

Medicaid enrollment in any type of managed care?

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

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

14.5%

**Coordinated Care of Washington (CCW)**

10.3%

**Molina Healthcare of Washington, Incorporated (MHW)**

49%

**UnitedHealthcare Community Plan (UHC)**

12.1%

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**Topic II. Financial Performance**

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Response                                                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| D1II.1a | <b>Medical Loss Ratio (MLR)</b><br><br>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. | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>95.73%                                          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Community Health Plan of Washington (CHPW)</b><br><br>96.95%                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Coordinated Care of Washington (CCW)</b><br><br>94.11%                                              |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br><br>93.09%                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>UnitedHealthcare Community Plan (UHC)</b><br><br>99.03%                                             |
| D1II.1b | <b>Level of aggregation</b><br><br>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.<br>As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.                                                                                                                                                                                                                                                                                                                   | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>Statewide all programs & populations            |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Community Health Plan of Washington (CHPW)</b><br><br>Statewide all programs & populations          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Coordinated Care of Washington (CCW)</b><br><br>Program-specific statewide                          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br><br>Statewide all programs & populations |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>UnitedHealthcare Community Plan (UHC)</b><br><br>Statewide all programs & populations               |

|               |                                                                                                                                                                                                                                                                                                     |                                                            |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1II.2</b> | <b>Population specific MLR description</b>                                                                                                                                                                                                                                                          | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|               | Does the state require plans to submit separate 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. | N/A                                                        |
|               |                                                                                                                                                                                                                                                                                                     | <b>Community Health Plan of Washington (CHPW)</b>          |
|               |                                                                                                                                                                                                                                                                                                     | N/A                                                        |
|               |                                                                                                                                                                                                                                                                                                     | <b>Coordinated Care of Washington (CCW)</b>                |
|               |                                                                                                                                                                                                                                                                                                     | Yes. CCW submits the MLR report for the IMC population.    |
|               |                                                                                                                                                                                                                                                                                                     | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|               |                                                                                                                                                                                                                                                                                                     | N/A                                                        |
|               |                                                                                                                                                                                                                                                                                                     | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|               |                                                                                                                                                                                                                                                                                                     | N/A                                                        |

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|               |                                                                                              |                                                            |
|---------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1II.3</b> | <b>MLR reporting period discrepancies</b>                                                    | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|               | Does the data reported in item D1.II.1a cover a different time period than the MCPAR report? | No                                                         |
|               |                                                                                              | <b>Community Health Plan of Washington (CHPW)</b>          |
|               |                                                                                              | No                                                         |
|               |                                                                                              | <b>Coordinated Care of Washington (CCW)</b>                |
|               |                                                                                              | No                                                         |
|               |                                                                                              | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|               |                                                                                              | No                                                         |
|               |                                                                                              | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|               |                                                                                              | No                                                         |

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## Topic III. Encounter Data

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                   | Response                                                                                                                                                                                          |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1III.1 | <b>Definition of timely encounter data submissions</b><br><br>Describe the state's standard for timely encounter data submissions used in this program.<br>If reporting frequencies and standards differ by type of encounter within this program, please explain.                                                                                          | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>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.            |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>Community Health Plan of Washington (CHPW)</b><br><br>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.          |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>Coordinated Care of Washington (CCW)</b><br><br>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.                |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br><br>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. |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>UnitedHealthcare Community Plan (UHC)</b><br><br>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 | <b>Share of encounter data submissions that met state's timely submission requirements</b><br><br>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 | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>100%                                                                                                                                       |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>Community Health Plan of Washington (CHPW)</b><br><br>100%                                                                                                                                     |
|         |                                                                                                                                                                                                                                                                                                                                                             | <b>Coordinated Care of Washington (CCW)</b><br><br>100%                                                                                                                                           |

submits this report, the state should enter here the 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.

**Molina Healthcare of Washington, Incorporated (MHW)**

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.

**Wellpoint Washington, Incorporated (WLP)**

100%

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

97%

**Coordinated Care of Washington (CCW)**

100%

**Molina Healthcare of Washington, Incorporated (MHW)**

97%

**UnitedHealthcare Community Plan (UHC)**

97%

## Topic IV. Appeals, State Fair Hearings & Grievances



**Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".**

### Appeals Overview

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Response                                                                                                                                                                                                                                                                                                                   |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1IV.1  | <b>Appeals resolved (at the plan level)</b><br>Enter the total number of appeals resolved during the reporting year.<br>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. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>496<br><br><b>Community Health Plan of Washington (CHPW)</b><br>2,924<br><br><b>Coordinated Care of Washington (CCW)</b><br>997<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>2,541<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>1,147 |
| D1IV.1a | <b>Appeals denied</b><br>Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.                                                                                                                                                                                                                                                       | <b>Wellpoint Washington, Incorporated (WLP)</b><br>241<br><br><b>Community Health Plan of Washington (CHPW)</b><br>703<br><br><b>Coordinated Care of Washington (CCW)</b><br>607<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>1,070<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>554     |
| D1IV.1b | <b>Appeals resolved in partial favor of enrollee</b><br>Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the                                                                                                                                                                                                                                                                                                          | <b>Wellpoint Washington, Incorporated (WLP)</b><br>4                                                                                                                                                                                                                                                                       |

enrollee. If you choose not to respond prior to June 2025, enter "N/A".

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

13

**Coordinated Care of Washington (CCW)**

5

**Molina Healthcare of Washington, Incorporated (MHW)**

27

**UnitedHealthcare Community Plan (UHC)**

20

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**D1IV.1c Appeals resolved in favor of enrollee**

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

**Wellpoint Washington, Incorporated (WLP)**

251

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

2,208

**Coordinated Care of Washington (CCW)**

385

**Molina Healthcare of Washington, Incorporated (MHW)**

1,444

**UnitedHealthcare Community Plan (UHC)**

573

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**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.

**Wellpoint Washington, Incorporated (WLP)**

6

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

37

**Coordinated Care of Washington (CCW)**

14

**Molina Healthcare of Washington,  
Incorporated (MHW)**

36

**UnitedHealthcare Community Plan  
(UHC)**

48

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**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 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).

**Wellpoint Washington,  
Incorporated (WLP)**

N/A

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

N/A

**Coordinated Care of Washington  
(CCW)**

N/A

**Molina Healthcare of Washington,  
Incorporated (MHW)**

N/A

**UnitedHealthcare Community Plan  
(UHC)**

N/A

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**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),

**Wellpoint Washington,  
Incorporated (WLP)**

N/A

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

N/A

**Coordinated Care of Washington  
(CCW)**

N/A

**Molina Healthcare of Washington,  
Incorporated (MHW)**

N/A

**UnitedHealthcare Community Plan  
(UHC)**

N/A

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 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.

##### **Wellpoint Washington, Incorporated (WLP)**

479

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

1,869

##### **Coordinated Care of Washington (CCW)**

900

##### **Molina Healthcare of Washington, Incorporated (MHW)**

2,290

##### **UnitedHealthcare Community Plan (UHC)**

770

#### **D1IV.5b**

##### **Expedited appeals for which timely resolution was provided**

Enter the total number of expedited appeals for

##### **Wellpoint Washington, Incorporated (WLP)**

17

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.

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

1,028

**Coordinated Care of Washington (CCW)**

94

**Molina Healthcare of Washington, Incorporated (MHW)**

246

**UnitedHealthcare Community Plan (UHC)**

353

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**D1IV.6a Resolved appeals related to denial of authorization 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).

**Wellpoint Washington, Incorporated (WLP)**

496

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

2,919

**Coordinated Care of Washington (CCW)**

997

**Molina Healthcare of Washington, Incorporated (MHW)**

2,512

**UnitedHealthcare Community Plan (UHC)**

1,048

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**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.

**Wellpoint Washington, Incorporated (WLP)**

0

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

0

**Coordinated Care of Washington (CCW)**

0

|                |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                           |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                                                                                                                                                                                                                                        | Molina Healthcare of Washington, Incorporated (MHW)<br>0<br>UnitedHealthcare Community Plan (UHC)<br>67                                                                                                                                                   |
| <b>D1IV.6c</b> | <b>Resolved appeals related to payment denial</b><br>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. | Wellpoint Washington, Incorporated (WLP)<br>0<br>Community Health Plan of Washington (CHPW)<br>4<br>Coordinated Care of Washington (CCW)<br>0<br>Molina Healthcare of Washington, Incorporated (MHW)<br>12<br>UnitedHealthcare Community Plan (UHC)<br>14 |
| <b>D1IV.6d</b> | <b>Resolved appeals related to service timeliness</b><br>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).    | Wellpoint Washington, Incorporated (WLP)<br>0<br>Community Health Plan of Washington (CHPW)<br>0<br>Coordinated Care of Washington (CCW)<br>0<br>Molina Healthcare of Washington, Incorporated (MHW)<br>3<br>UnitedHealthcare Community Plan (UHC)<br>0   |

|                |                                                                                                                                                                                                                                                                                                                   |                                                            |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1IV.6e</b> | <b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>                                                                                                                                                                                                                         | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | 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.                                                      | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Coordinated Care of Washington (CCW)</b>                |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |
| <b>D1IV.6f</b> | <b>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</b>                                                                                                                                                                                                              | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | 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). | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                                                                                                                                                                                                                   | 1                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Coordinated Care of Washington (CCW)</b>                |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|                |                                                                                                                                                                                                                                                                                                                   | 14                                                         |
|                |                                                                                                                                                                                                                                                                                                                   | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|                |                                                                                                                                                                                                                                                                                                                   | 18                                                         |
| <b>D1IV.6g</b> | <b>Resolved appeals related to denial of an enrollee's request to dispute financial liability</b>                                                                                                                                                                                                                 | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | Enter the total number of appeals resolved by the plan during the reporting year that were related to                                                                                                                                                                                                             | 0                                                          |
|                |                                                                                                                                                                                                                                                                                                                   | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                                                                                                                                                                                                                   | 0                                                          |

the plan’s denial of an enrollee’s request to dispute a financial liability.

**Coordinated Care of Washington (CCW)**  
0

**Molina Healthcare of Washington, Incorporated (MHW)**  
0

**UnitedHealthcare Community Plan (UHC)**  
0

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**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 | <p><b>Resolved appeals related to general inpatient services</b></p> <p>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”.</p>            | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>45</p> <p><b>Community Health Plan of Washington (CHPW)</b><br/>34</p> <p><b>Coordinated Care of Washington (CCW)</b><br/>4</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br/>48</p> <p><b>UnitedHealthcare Community Plan (UHC)</b><br/>18</p>       |
| D1IV.7b | <p><b>Resolved appeals related to general outpatient services</b></p> <p>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”.</p> | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>136</p> <p><b>Community Health Plan of Washington (CHPW)</b><br/>629</p> <p><b>Coordinated Care of Washington (CCW)</b><br/>499</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br/>668</p> <p><b>UnitedHealthcare Community Plan (UHC)</b><br/>458</p> |
| D1IV.7c | <p><b>Resolved appeals related to inpatient behavioral health services</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting</p>                                                                                                                                                                                                                                                                                                            | <p><b>Wellpoint Washington, Incorporated (WLP)</b><br/>8</p>                                                                                                                                                                                                                                                                     |

year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

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

4

**Coordinated Care of Washington (CCW)**

5

**Molina Healthcare of Washington, Incorporated (MHW)**

13

**UnitedHealthcare Community Plan (UHC)**

7

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**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".

**Wellpoint Washington, Incorporated (WLP)**

4

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

11

**Coordinated Care of Washington (CCW)**

4

**Molina Healthcare of Washington, Incorporated (MHW)**

52

**UnitedHealthcare Community Plan (UHC)**

15

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**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".

**Wellpoint Washington, Incorporated (WLP)**

258

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

2,225

**Coordinated Care of Washington (CCW)**

483

|                |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                                                                                                                                                                                                                                                                                                                                                                                  | Molina Healthcare of Washington, Incorporated (MHW)<br>1,682<br>UnitedHealthcare Community Plan (UHC)<br>559                                                                                                                                                      |
| <b>D1IV.7f</b> | <b>Resolved appeals related to skilled nursing facility (SNF) services</b><br>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".                                                                                                                 | Wellpoint Washington, Incorporated (WLP)<br>8<br>Community Health Plan of Washington (CHPW)<br>11<br>Coordinated Care of Washington (CCW)<br>1<br>Molina Healthcare of Washington, Incorporated (MHW)<br>57<br>UnitedHealthcare Community Plan (UHC)<br>16        |
| <b>D1IV.7g</b> | <b>Resolved appeals related to long-term services and supports (LTSS)</b><br>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". | Wellpoint Washington, Incorporated (WLP)<br>n/a<br>Community Health Plan of Washington (CHPW)<br>n/a<br>Coordinated Care of Washington (CCW)<br>n/a<br>Molina Healthcare of Washington, Incorporated (MHW)<br>n/a<br>UnitedHealthcare Community Plan (UHC)<br>n/a |

|                |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.7h</b> | <b>Resolved appeals related to dental services</b><br><br>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 not cover dental services, enter "N/A". | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>n/a<br><br><b>Community Health Plan of Washington (CHPW)</b><br><br>n/a<br><br><b>Coordinated Care of Washington (CCW)</b><br><br>n/a<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br><br>n/a<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br><br>n/a |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.7i</b> | <b>Resolved appeals related to non-emergency medical transportation (NEMT)</b><br><br>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". | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>n/a<br><br><b>Community Health Plan of Washington (CHPW)</b><br><br>n/a<br><br><b>Coordinated Care of Washington (CCW)</b><br><br>n/a<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br><br>n/a<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br><br>n/a |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                                                                                                                                                                                                                           |                                                                                                                              |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.7j</b> | <b>Resolved appeals related to other service types</b><br><br>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 | <b>Wellpoint Washington, Incorporated (WLP)</b><br><br>37<br><br><b>Community Health Plan of Washington (CHPW)</b><br><br>10 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter “N/A”.

**Coordinated Care of Washington (CCW)**

1

**Molina Healthcare of Washington, Incorporated (MHW)**

21

**UnitedHealthcare Community Plan (UHC)**

74

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**State Fair Hearings**

| Number  | Indicator                                                                                                                                                                                                                          | Response                                                         |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| D1IV.8a | <b>State Fair Hearing requests</b><br>Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.                                            | <b>Wellpoint Washington, Incorporated (WLP)</b><br>28            |
|         |                                                                                                                                                                                                                                    | <b>Community Health Plan of Washington (CHPW)</b><br>67          |
|         |                                                                                                                                                                                                                                    | <b>Coordinated Care of Washington (CCW)</b><br>19                |
|         |                                                                                                                                                                                                                                    | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>93 |
|         |                                                                                                                                                                                                                                    | <b>UnitedHealthcare Community Plan (UHC)</b><br>50               |
| D1IV.8b | <b>State Fair Hearings resulting in a favorable decision for the enrollee</b><br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>0             |
|         |                                                                                                                                                                                                                                    | <b>Community Health Plan of Washington (CHPW)</b><br>1           |
|         |                                                                                                                                                                                                                                    | <b>Coordinated Care of Washington (CCW)</b><br>0                 |
|         |                                                                                                                                                                                                                                    | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>5  |
|         |                                                                                                                                                                                                                                    | <b>UnitedHealthcare Community Plan (UHC)</b><br>0                |
| D1IV.8c | <b>State Fair Hearings resulting in an adverse decision for the enrollee</b><br>Enter the total number of State Fair Hearing decisions rendered during the                                                                         | <b>Wellpoint Washington, Incorporated (WLP)</b><br>1             |

reporting year that were adverse for the enrollee.

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

10

**Coordinated Care of Washington (CCW)**

3

**Molina Healthcare of Washington, Incorporated (MHW)**

12

**UnitedHealthcare Community Plan (UHC)**

8

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**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.

**Wellpoint Washington, Incorporated (WLP)**

27

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

56

**Coordinated Care of Washington (CCW)**

16

**Molina Healthcare of Washington, Incorporated (MHW)**

76

**UnitedHealthcare Community Plan (UHC)**

42

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**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".

**Wellpoint Washington, Incorporated (WLP)**

0

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

0

**Coordinated Care of Washington (CCW)**

0

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

**Molina Healthcare of Washington, Incorporated (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

**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).

**Wellpoint Washington, Incorporated (WLP)**

0

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

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Incorporated (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

**Grievances Overview**

| Number  | Indicator                                                                                                                                                                                                   | Response                                                             |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| D1IV.10 | <b>Grievances resolved</b><br>Enter the total number of grievances resolved by the plan during the reporting year.<br>A grievance is “resolved” when it has reached completion and been closed by the plan. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>910               |
|         |                                                                                                                                                                                                             | <b>Community Health Plan of Washington (CHPW)</b><br>1,758           |
|         |                                                                                                                                                                                                             | <b>Coordinated Care of Washington (CCW)</b><br>1,261                 |
|         |                                                                                                                                                                                                             | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>24,039 |
|         |                                                                                                                                                                                                             | <b>UnitedHealthcare Community Plan (UHC)</b><br>1,037                |
| D1IV.11 | <b>Active grievances</b><br>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.                                                        | <b>Wellpoint Washington, Incorporated (WLP)</b><br>74                |
|         |                                                                                                                                                                                                             | <b>Community Health Plan of Washington (CHPW)</b><br>0               |
|         |                                                                                                                                                                                                             | <b>Coordinated Care of Washington (CCW)</b><br>97                    |
|         |                                                                                                                                                                                                             | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>140    |
|         |                                                                                                                                                                                                             | <b>UnitedHealthcare Community Plan (UHC)</b><br>565                  |
| D1IV.12 | <b>Grievances filed on behalf of LTSS users</b><br>Enter the total number of grievances filed during the                                                                                                    | <b>Wellpoint Washington, Incorporated (WLP)</b><br>n/a               |

reporting year by or on behalf of LTSS users. 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.

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

n/a

**Coordinated Care of Washington (CCW)**

n/a

**Molina Healthcare of Washington, Incorporated (MHW)**

n/a

**UnitedHealthcare Community Plan (UHC)**

n/a

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**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

**Wellpoint Washington, Incorporated (WLP)**

n/a

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

n/a

**Coordinated Care of Washington (CCW)**

n/a

**Molina Healthcare of Washington, Incorporated (MHW)**

n/a

**UnitedHealthcare Community Plan (UHC)**

n/a

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, 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.

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**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.

**Wellpoint Washington, Incorporated (WLP)**

887

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

1,752

**Coordinated Care of Washington (CCW)**

1,243

**Molina Healthcare of Washington, Incorporated (MHW)**

24,019

**UnitedHealthcare Community Plan (UHC)**

989

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## Grievances by Service

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

| Number   | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Response                                                   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| D1IV.15a | <b>Resolved grievances related to general inpatient services</b><br><br>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”.                       | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Coordinated Care of Washington (CCW)</b>                |
| D1IV.15b | <b>Resolved grievances related to general outpatient services</b><br><br>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                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                                                          |
| D1IV.15c | <b>Resolved grievances related to inpatient behavioral health services</b><br><br>Enter the total number of grievances resolved by the                                                                                                                                                                                                                                                                                                                                               | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Coordinated Care of Washington (CCW)</b>                |
| D1IV.15d | <b>Resolved grievances related to outpatient behavioral health services</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient behavioral health 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”. | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25                                                         |
| D1IV.15e | <b>Resolved grievances related to general inpatient services</b><br><br>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”.                       | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                          |

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

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

0

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Incorporated (MHW)**

2

**UnitedHealthcare Community Plan (UHC)**

1

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**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".

**Wellpoint Washington, Incorporated (WLP)**

0

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

6

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Incorporated (MHW)**

22

**UnitedHealthcare Community Plan (UHC)**

9

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**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".

**Wellpoint Washington, Incorporated (WLP)**

48

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

66

**Coordinated Care of Washington (CCW)**

3

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                      |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>5,819<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>21                                                                                                                                                                                        |
| <b>D1IV.15f</b> | <b>Resolved grievances related to skilled nursing facility (SNF) services</b><br><br>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".                                                                                                                            | <b>Wellpoint Washington, Incorporated (WLP)</b><br>0<br><br><b>Community Health Plan of Washington (CHPW)</b><br>0<br><br><b>Coordinated Care of Washington (CCW)</b><br>0<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>0<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>4           |
| <b>D1IV.15g</b> | <b>Resolved grievances related to long-term services and supports (LTSS)</b><br><br>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". | <b>Wellpoint Washington, Incorporated (WLP)</b><br>n/a<br><br><b>Community Health Plan of Washington (CHPW)</b><br>n/a<br><br><b>Coordinated Care of Washington (CCW)</b><br>n/a<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>n/a<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>n/a |

|          |                                                                                                                                                                                                      |                                                            |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| D1IV.15h | <b>Resolved grievances related to dental services</b>                                                                                                                                                | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          | 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 not cover this type of service, enter "N/A". | 0                                                          |
|          |                                                                                                                                                                                                      | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                      | 0                                                          |
|          |                                                                                                                                                                                                      | <b>Coordinated Care of Washington (CCW)</b>                |
|          |                                                                                                                                                                                                      | 0                                                          |
|          |                                                                                                                                                                                                      | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                      | 119                                                        |
|          |                                                                                                                                                                                                      | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                      | 0                                                          |
| D1IV.15i | <b>Resolved grievances related to non-emergency medical transportation (NEMT)</b>                                                                                                                    | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          | 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".            | 1                                                          |
|          |                                                                                                                                                                                                      | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                      | 4                                                          |
|          |                                                                                                                                                                                                      | <b>Coordinated Care of Washington (CCW)</b>                |
|          |                                                                                                                                                                                                      | 1                                                          |
|          |                                                                                                                                                                                                      | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                      | 24                                                         |
|          |                                                                                                                                                                                                      | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                      | 0                                                          |
| D1IV.15j | <b>Resolved grievances related to other service types</b>                                                                                                                                            | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          | 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                                  | 0                                                          |
|          |                                                                                                                                                                                                      | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                      | 0                                                          |

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".

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Incorporated (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

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## Grievances by Reason

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

| Number   | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                         | Response                                                   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| D1IV.16a | <b>Resolved grievances related to plan or provider customer service</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.<br>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. | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 19                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 393                                                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Coordinated Care of Washington (CCW)</b>                |
| D1IV.16b | <b>Resolved grievances related to plan or provider care management/case management</b><br><br>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.<br>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.         | 86                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2,802                                                      |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 50                                                         |
| D1IV.16c | <b>Resolved grievances related to access to care/services from plan or provider</b><br><br>Enter the total number of grievances resolved by the                                                                                                                                                                                                                                                                                                   | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Community Health Plan of Washington (CHPW)</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Coordinated Care of Washington (CCW)</b>                |
| D1IV.16b | <b>Resolved grievances related to plan or provider care management/case management</b><br><br>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.<br>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.         | 0                                                          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 292                                                        |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                                                          |
| D1IV.16c | <b>Resolved grievances related to access to care/services from plan or provider</b><br><br>Enter the total number of grievances resolved by the                                                                                                                                                                                                                                                                                                   | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 297                                                        |

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.

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

193

**Coordinated Care of Washington (CCW)**

9

**Molina Healthcare of Washington, Incorporated (MHW)**

3,253

**UnitedHealthcare Community Plan (UHC)**

63

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**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.

**Wellpoint Washington, Incorporated (WLP)**

33

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

11

**Coordinated Care of Washington (CCW)**

21

**Molina Healthcare of Washington, Incorporated (MHW)**

104

**UnitedHealthcare Community Plan (UHC)**

151

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**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

**Wellpoint Washington, Incorporated (WLP)**

15

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

23

**Coordinated Care of Washington (CCW)**

7

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                       |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>2,230<br><b>UnitedHealthcare Community Plan (UHC)</b><br>8                                                                                                                                                                              |
| <b>D1IV.16f</b> | <b>Resolved grievances related to payment or billing issues</b><br>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.                                                                                                                                                                                                                                                                                                              | <b>Wellpoint Washington, Incorporated (WLP)</b><br>252<br><b>Community Health Plan of Washington (CHPW)</b><br>92<br><b>Coordinated Care of Washington (CCW)</b><br>769<br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>4,233<br><b>UnitedHealthcare Community Plan (UHC)</b><br>538 |
| <b>D1IV.16g</b> | <b>Resolved grievances related to suspected fraud</b><br>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 perpetuated 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. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>4<br><b>Community Health Plan of Washington (CHPW)</b><br>0<br><b>Coordinated Care of Washington (CCW)</b><br>3<br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>90<br><b>UnitedHealthcare Community Plan (UHC)</b><br>4           |

|                 |                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.16h</b> | <b>Resolved grievances related to abuse, neglect or exploitation</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.<br>Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>1<br><br><b>Community Health Plan of Washington (CHPW)</b><br>0<br><br><b>Coordinated Care of Washington (CCW)</b><br>1<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>3<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>0 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.16i</b> | <b>Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)</b><br><br>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). | <b>Wellpoint Washington, Incorporated (WLP)</b><br>0<br><br><b>Community Health Plan of Washington (CHPW)</b><br>0<br><br><b>Coordinated Care of Washington (CCW)</b><br>0<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>1,002<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>0 |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                                                                                                                                                       |                                                                                                                    |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.16j</b> | <b>Resolved grievances related to plan denial of expedited appeal</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to | <b>Wellpoint Washington, Incorporated (WLP)</b><br>0<br><br><b>Community Health Plan of Washington (CHPW)</b><br>0 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

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 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.

**Coordinated Care of Washington (CCW)**

0

**Molina Healthcare of Washington, Incorporated (MHW)**

0

**UnitedHealthcare Community Plan (UHC)**

0

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**D1IV.16k Resolved grievances filed for other reasons**

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.

**Wellpoint Washington, Incorporated (WLP)**

233

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

970

**Coordinated Care of Washington (CCW)**

361

**Molina Healthcare of Washington, Incorporated (MHW)**

4,027

**UnitedHealthcare Community Plan (UHC)**

149

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## Topic VII: Quality & Performance Measures

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 / 107

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, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Wellpoint Washington, Incorporated (WLP)

82%

Community Health Plan of Washington (CHPW)

77.1%

Coordinated Care of Washington (CCW)

73.5%

Molina Healthcare of Washington, Incorporated (MHW)

73.2%

**UnitedHealthcare Community Plan (UHC)**

80.5%



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling  
for Nutrition and Physical Activity for Children & Adolescents  
(WCC), Nutrition Counseling - 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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

71.3%

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

68.4%

**Coordinated Care of Washington (CCW)**

68.4%

**Molina Healthcare of Washington, Incorporated (MHW)**

65.5%

## UnitedHealthcare Community Plan (UHC)

46.7%



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling - Total** 3 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

69.9%

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

66.4%

**Coordinated Care of Washington (CCW)**

64%

**Molina Healthcare of Washington, Incorporated (MHW)**

61.8%

## UnitedHealthcare Community Plan (UHC)

42.3%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

67.4%

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

69.1%

#### Coordinated Care of Washington (CCW)

72.5%

#### Molina Healthcare of Washington, Incorporated (MHW)

60.3%

## UnitedHealthcare Community Plan (UHC)

63%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 107  
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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

#### **Wellpoint Washington, Incorporated (WLP)**

82%

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

85.9%

#### **Coordinated Care of Washington (CCW)**

86.6%

#### **Molina Healthcare of Washington, Incorporated (MHW)**

77.9%

## UnitedHealthcare Community Plan (UHC)

77.9%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107**  
**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

80.3%

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

84.9%

#### Coordinated Care of Washington (CCW)

83.5%

#### Molina Healthcare of Washington, Incorporated (MHW)

72.8%

## UnitedHealthcare Community Plan (UHC)

76.4%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 107  
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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

#### **Wellpoint Washington, Incorporated (WLP)**

81.3%

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

85.4%

#### **Coordinated Care of Washington (CCW)**

84.9%

#### **Molina Healthcare of Washington, Incorporated (MHW)**

76.6%

## UnitedHealthcare Community Plan (UHC)

76.4%



Complete

### D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

84.7%

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

85.9%

##### Coordinated Care of Washington (CCW)

86.6%

##### Molina Healthcare of Washington, Incorporated (MHW)

76.2%

## UnitedHealthcare Community Plan (UHC)

79.6%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 107**

**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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

#### **Wellpoint Washington, Incorporated (WLP)**

80.3%

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

83.7%

#### **Coordinated Care of Washington (CCW)**

82.5%

#### **Molina Healthcare of Washington, Incorporated (MHW)**

71.8%

## UnitedHealthcare Community Plan (UHC)

75.4%



Complete

### D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

67.9%

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

68.4%

##### Coordinated Care of Washington (CCW)

72%

##### Molina Healthcare of Washington, Incorporated (MHW)

59.4%

## UnitedHealthcare Community Plan (UHC)

64.5%



Complete

### D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

77.4%

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

80.3%

##### Coordinated Care of Washington (CCW)

81%

##### Molina Healthcare of Washington, Incorporated (MHW)

71.5%

## UnitedHealthcare Community Plan (UHC)

73%



Complete

### D2.VII.1 Measure Name: Childhood Immunization Status (CIS) Rotavirus

15 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

65.5%

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

69.1%

##### Coordinated Care of Washington (CCW)

68.1%

##### Molina Healthcare of Washington, Incorporated (MHW)

59.9%

## UnitedHealthcare Community Plan (UHC)

62.3%



Complete

### D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

36%

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

41.6%

##### Coordinated Care of Washington (CCW)

44.3%

##### Molina Healthcare of Washington, Incorporated (MHW)

38.9%

## UnitedHealthcare Community Plan (UHC)

38.2%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS)** 14 / 107

**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

60.6%

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

58.9%

#### Coordinated Care of Washington (CCW)

65.7%

#### Molina Healthcare of Washington, Incorporated (MHW)

52.3%

**UnitedHealthcare Community Plan (UHC)**

57.4%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 107  
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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

52.6%

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

52.1%

**Coordinated Care of Washington (CCW)**

57.4%

**Molina Healthcare of Washington, Incorporated (MHW)**

47%

## UnitedHealthcare Community Plan (UHC)

50.1%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS)** 100.0% / 107  
**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

28.7%

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

29.4%

#### Coordinated Care of Washington (CCW)

34.8%

#### Molina Healthcare of Washington, Incorporated (MHW)

29.4%

## UnitedHealthcare Community Plan (UHC)

31.1%



Complete

### D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

67.2%

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

71.8%

##### Coordinated Care of Washington (CCW)

74.5%

##### Molina Healthcare of Washington, Incorporated (MHW)

68.9%

## UnitedHealthcare Community Plan (UHC)

66.7%



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMZ), 107 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

81%

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

84.4%

#### Coordinated Care of Washington (CCW)

87.8%

#### Molina Healthcare of Washington, Incorporated (MHW)

83.2%

## UnitedHealthcare Community Plan (UHC)

79.1%



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMZ), HPV** 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

27.7%

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

33.1%

#### Coordinated Care of Washington (CCW)

36%

#### Molina Healthcare of Washington, Incorporated (MHW)

33.8%

## UnitedHealthcare Community Plan (UHC)

28%



Complete

### D2.VII.1 Measure Name: Immunizations for Adolescents (IMZ) / 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

66.7%

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

71.3%

##### Coordinated Care of Washington (CCW)

73.7%

##### Molina Healthcare of Washington, Incorporated (MHW)

68.9%

## UnitedHealthcare Community Plan (UHC)

65.7%



Complete

### D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

27

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

32.6

##### Coordinated Care of Washington (CCW)

35

##### Molina Healthcare of Washington, Incorporated (MHW)

32.6

**UnitedHealthcare Community Plan (UHC)**

27.3



Complete

**D2.VII.1 Measure Name: Lead Screening in Children (LSC)** 22 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

33.8

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

43.1

**Coordinated Care of Washington (CCW)**

36

**Molina Healthcare of Washington, Incorporated (MHW)**

26

**UnitedHealthcare Community Plan (UHC)**



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E),** 23 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**
**Wellpoint Washington, Incorporated (WLP)**

40.4

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

44.1

**Coordinated Care of Washington (CCW)**

47.2

**Molina Healthcare of Washington, Incorporated (MHW)**

48.6

## UnitedHealthcare Community Plan (UHC)

45.8



Complete

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

24 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

43.1

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

50.1

##### Coordinated Care of Washington (CCW)

53.8

##### Molina Healthcare of Washington, Incorporated (MHW)

53.8

## UnitedHealthcare Community Plan (UHC)



Complete

**D2.VII.1 Measure Name: Chlamydia Screening (CHL), Total** 25 / 107**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Wellpoint Washington, Incorporated (WLP)**

50.4

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

50

**Coordinated Care of Washington (CCW)**

51.5

**Molina Healthcare of Washington, Incorporated (MHW)**

51



**D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis** 26 / 107  
**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

82.9

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

84.4

**Coordinated Care of Washington (CCW)**

87.3

**Molina Healthcare of Washington, Incorporated (MHW)**

83.9

## UnitedHealthcare Community Plan (UHC)

81.7



**D2.VII.1 Measure Name: Use of Spirometry Testing in the** 27 / 107  
**Complete Assessment and Diagnosis of COPD (SPR)**

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

16.7

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

18.2

#### Coordinated Care of Washington (CCW)

18.9

#### Molina Healthcare of Washington, Incorporated (MHW)

19.4

## UnitedHealthcare Community Plan (UHC)

15.8



Complete

**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid** 28 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

74.5

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

68

**Coordinated Care of Washington (CCW)**

73.4

**Molina Healthcare of Washington, Incorporated (MHW)**

75.4

## UnitedHealthcare Community Plan (UHC)

78.7



Complete

**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator** 29 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

86.3

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

83.1

**Coordinated Care of Washington (CCW)**

83.4

**Molina Healthcare of Washington, Incorporated (MHW)**

84.2

**UnitedHealthcare Community Plan (UHC)**

88.5



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio (AMR) Total** 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

78.2

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

67.9

**Coordinated Care of Washington (CCW)**

71.9

**Molina Healthcare of Washington, Incorporated (MHW)**

74.6

**UnitedHealthcare Community Plan (UHC)**



Complete

**D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP) 107****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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Wellpoint Washington, Incorporated (WLP)**

65.5

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

65.5

**Coordinated Care of Washington (CCW)**

62

**Molina Healthcare of Washington, Incorporated (MHW)**

60.8

**UnitedHealthcare Community Plan (UHC)**

65.5



Complete

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

32 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

52.5

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

53.3

**Coordinated Care of Washington (CCW)**

56.9

**Molina Healthcare of Washington, Incorporated (MHW)**

63



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy - Total** 33 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

80

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

82.7

**Coordinated Care of Washington (CCW)**

82.9

**Molina Healthcare of Washington, Incorporated (MHW)**

82.5

## UnitedHealthcare Community Plan (UHC)

82.8



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80% - Total** 34 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

72.6

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

70.5

#### Coordinated Care of Washington (CCW)

70.4

#### Molina Healthcare of Washington, Incorporated (MHW)

71.5

## UnitedHealthcare Community Plan (UHC)

72.3



Complete

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

35 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

**Wellpoint Washington, Incorporated (WLP)**

4.6

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

3.6

**Coordinated Care of Washington (CCW)**

3.5

**Molina Healthcare of Washington, Incorporated (MHW)**

2.5



Complete

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

36 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

3.5

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

6.9

**Coordinated Care of Washington (CCW)**

4.3

**Molina Healthcare of Washington, Incorporated (MHW)**

.1

## UnitedHealthcare Community Plan (UHC)

5.5



Complete

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

37 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

1.9

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

5.3

##### Coordinated Care of Washington (CCW)

3.9

##### Molina Healthcare of Washington, Incorporated (MHW)

.1

## UnitedHealthcare Community Plan (UHC)

4.6



Complete

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

38 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

**Wellpoint Washington, Incorporated (WLP)**

0

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

1.3

**Coordinated Care of Washington (CCW)**

.4

**Molina Healthcare of Washington, Incorporated (MHW)**

0



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC)** / 107  
**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

36

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

38.4

**Coordinated Care of Washington (CCW)**

40.4

**Molina Healthcare of Washington, Incorporated (MHW)**

38

## UnitedHealthcare Community Plan (UHC)

34.1



Complete

**D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC)** / 107  
<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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

56

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

54.5

**Coordinated Care of Washington (CCW)**

51.6

**Molina Healthcare of Washington, Incorporated (MHW)**

53.8



Complete

**D2.VII.1 Measure Name: Eye Exam for Patients with Diabetes (EED)** 41 / 107**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Wellpoint Washington, Incorporated (WLP)**

44

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

57.7

**Coordinated Care of Washington (CCW)**

47.5

**Molina Healthcare of Washington, Incorporated (MHW)**

47

**UnitedHealthcare Community Plan (UHC)**

45.7



Complete

**D2.VII.1 Measure Name: Blood Pressure Control for Patients with Diabetes (BPD)** 42 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

70.8

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

77.4

**Coordinated Care of Washington (CCW)**

69.1

**Molina Healthcare of Washington, Incorporated (MHW)**

71.1

## UnitedHealthcare Community Plan (UHC)

77.4



Complete

**D2.VII.1 Measure Name: Kidney Health Evaluation for Patients with Diabetes (KED), Total** 107

### 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, 01/01/2023 - 01/01/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

44.1

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

41

#### Coordinated Care of Washington (CCW)

41.1

#### Molina Healthcare of Washington, Incorporated (MHW)

42

## UnitedHealthcare Community Plan (UHC)

46.5



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Diabetes (SPD), Received Statin Therapy** 44 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

62

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

65.2

#### Coordinated Care of Washington (CCW)

63.8

#### Molina Healthcare of Washington, Incorporated (MHW)

62.5

## UnitedHealthcare Community Plan (UHC)

66.4



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Diabetes (SPD),Statin Adherence 80%** 45 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

67.1

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

68.9

#### Coordinated Care of Washington (CCW)

70.8

#### Molina Healthcare of Washington, Incorporated (MHW)

69.4

## UnitedHealthcare Community Plan (UHC)

70.9



Complete

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

46 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

64.6

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

59.6

##### Coordinated Care of Washington (CCW)

63

##### Molina Healthcare of Washington, Incorporated (MHW)

65.6

## UnitedHealthcare Community Plan (UHC)

68.4



Complete

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

47 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

45.8

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

44.8

##### Coordinated Care of Washington (CCW)

46.3

##### Molina Healthcare of Washington, Incorporated (MHW)

46.7



Complete

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

48 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

41.4

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

42.9

**Coordinated Care of Washington (CCW)**

42.5

**Molina Healthcare of Washington, Incorporated (MHW)**

45.8

## UnitedHealthcare Community Plan (UHC)

45.2



Complete

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

49 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

49.8

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

49.7

##### Coordinated Care of Washington (CCW)

47.4

##### Molina Healthcare of Washington, Incorporated (MHW)

52.4

## UnitedHealthcare Community Plan (UHC)

52.8



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 30-day, Total** 50 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

43.7

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

68.7

**Coordinated Care of Washington (CCW)**

56.5

**Molina Healthcare of Washington, Incorporated (MHW)**

63.2

## UnitedHealthcare Community Plan (UHC)

51.5



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 7-day, Total** 51 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

27

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

53.9

**Coordinated Care of Washington (CCW)**

36.3

**Molina Healthcare of Washington, Incorporated (MHW)**

39.8

## UnitedHealthcare Community Plan (UHC)

31.8



Complete

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

52 / 107

### **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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

#### **Wellpoint Washington, Incorporated (WLP)**

45.1

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

63

#### **Coordinated Care of Washington (CCW)**

56.4

#### **Molina Healthcare of Washington, Incorporated (MHW)**

66.9



Complete

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

53 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

30.7

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

50.5

**Coordinated Care of Washington (CCW)**

40

**Molina Healthcare of Washington, Incorporated (MHW)**

52.1

## UnitedHealthcare Community Plan (UHC)

43.5



Complete

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

54 / 107

### **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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

**Wellpoint Washington, Incorporated (WLP)**

33.7

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

37.9

**Coordinated Care of Washington (CCW)**

34

**Molina Healthcare of Washington, Incorporated (MHW)**

42.6

## UnitedHealthcare Community Plan (UHC)

38.8



Complete

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

55 / 107

### **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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

**Wellpoint Washington, Incorporated (WLP)**

21.5

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

27

**Coordinated Care of Washington (CCW)**

23.9

**Molina Healthcare of Washington, Incorporated (MHW)**

27.9

## UnitedHealthcare Community Plan (UHC)

27.5



**D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 30-day, Total** 56 / 107

Complete

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

54.8

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

55.8

#### Coordinated Care of Washington (CCW)

56.1

#### Molina Healthcare of Washington, Incorporated (MHW)

62.3

## UnitedHealthcare Community Plan (UHC)

56.6



**Complete** **D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 7-day, Total** 57 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

36.1

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

39.2

#### Coordinated Care of Washington (CCW)

37.6

#### Molina Healthcare of Washington, Incorporated (MHW)

43.3



Complete

**D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder (POD), Total** 58 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

15.2

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

11.9

**Coordinated Care of Washington (CCW)**

11.2

**Molina Healthcare of Washington, Incorporated (MHW)**

12.4



Complete

**D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD)** 59 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

81.6

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

79.5

**Coordinated Care of Washington (CCW)**

80.5

**Molina Healthcare of Washington, Incorporated (MHW)**

81

**UnitedHealthcare Community Plan (UHC)**

81.8



Complete

**D2.VII.1 Measure Name: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)** 60 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

63.1

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

60

**Coordinated Care of Washington (CCW)**

59.5

**Molina Healthcare of Washington, Incorporated (MHW)**

63.9

**UnitedHealthcare Community Plan (UHC)**

60.9



Complete

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

61 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

62.9

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

62.5

**Coordinated Care of Washington (CCW)**

62.8

**Molina Healthcare of Washington, Incorporated (MHW)**

68

## UnitedHealthcare Community Plan (UHC)

67.6



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total** 62 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

27.1

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

20.6

**Coordinated Care of Washington (CCW)**

33.1

**Molina Healthcare of Washington, Incorporated (MHW)**

28.7



Complete

**D2.VII.1 Measure Name: Nonrecommended Cervical Cancer Screening in Adolescent Females (NCS) (lower score is better)** 63 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

.1

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

.2

**Coordinated Care of Washington (CCW)**

.1

**Molina Healthcare of Washington, Incorporated (MHW)**

.2



Complete

**D2.VII.1 Measure Name: Appropriate Treatment for Upper Respiratory Infection (URI), Total** 64 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

94.3

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

65.1

**Coordinated Care of Washington (CCW)**

94.9

**Molina Healthcare of Washington, Incorporated (MHW)**

94.5

## UnitedHealthcare Community Plan (UHC)

93.3



**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total** 65 / 107  
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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

74.4

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

77.8

#### Coordinated Care of Washington (CCW)

78

#### Molina Healthcare of Washington, Incorporated (MHW)

70.2

## UnitedHealthcare Community Plan (UHC)

73.2



**D2.VII.1 Measure Name: Use of Imaging for Low back pain (LBP)** 66 / 107  
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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

71.7

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

73

#### Coordinated Care of Washington (CCW)

71.5

#### Molina Healthcare of Washington, Incorporated (MHW)

70.5

## UnitedHealthcare Community Plan (UHC)

72.5



**D2.VII.1 Measure Name: Use of Opioids at High Dose (HDO)** 67 / 107  
**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

4.1

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

3.9

**Coordinated Care of Washington (CCW)**

4.6

**Molina Healthcare of Washington, Incorporated (MHW)**

4.4

## UnitedHealthcare Community Plan (UHC)

7.9



Complete

**D2.VII.1 Measure Name: Use of Opioids from Multiple Prescribers and Multiple Pharmacies (UOP) (lower is better)** 68 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

1.8

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

2.2

**Coordinated Care of Washington (CCW)**

2.3

**Molina Healthcare of Washington, Incorporated (MHW)**

2.2

## UnitedHealthcare Community Plan (UHC)

2.7



Complete

**D2.VII.1 Measure Name: Risk of Continued Opioid Use (COU)** 69 / 107  
**At least 31 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

2.4

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

1.9

#### Coordinated Care of Washington (CCW)

2.1

#### Molina Healthcare of Washington, Incorporated (MHW)

2.1



Complete

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

70 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

63.6

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

65.3

**Coordinated Care of Washington (CCW)**

66.5

**Molina Healthcare of Washington, Incorporated (MHW)**

71.6

## UnitedHealthcare Community Plan (UHC)

67.8



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, Total** 71 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

42.2

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

33.5

**Coordinated Care of Washington (CCW)**

35.8

**Molina Healthcare of Washington, Incorporated (MHW)**

42.8

## UnitedHealthcare Community Plan (UHC)

39.5



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total** 72 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

11.7

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

10.5

**Coordinated Care of Washington (CCW)**

8.8

**Molina Healthcare of Washington, Incorporated (MHW)**

12.1



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)** 7 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

74.9

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

86.6

**Coordinated Care of Washington (CCW)**

82.5

**Molina Healthcare of Washington, Incorporated (MHW)**

88.6

**UnitedHealthcare Community Plan (UHC)**

79.8



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)** 74 / 107  
**Postpartum 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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

74.2

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

83

**Coordinated Care of Washington (CCW)**

80.8

**Molina Healthcare of Washington, Incorporated (MHW)**

84.7

## UnitedHealthcare Community Plan (UHC)

74.9



Complete

**D2.VII.1 Measure Name: Use of First line Psychosocial Care for Children and Adolescent on Antipsychotics (APP), Total** 75 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

57.9

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

52.7

#### Coordinated Care of Washington (CCW)

62.4

#### Molina Healthcare of Washington, Incorporated (MHW)

63.2

## UnitedHealthcare Community Plan (UHC)

54.4



**D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), First 15 months** 76 / 107

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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

54.9

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

59.2

#### Coordinated Care of Washington (CCW)

57

#### Molina Healthcare of Washington, Incorporated (MHW)

58.5

## UnitedHealthcare Community Plan (UHC)

58.5



Complete

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

77 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

63.1

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

64.7

**Coordinated Care of Washington (CCW)**

67.2

**Molina Healthcare of Washington, Incorporated (MHW)**

65.6

## UnitedHealthcare Community Plan (UHC)

64.1



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV), Total** 76 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

46.5

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

46.6

#### Coordinated Care of Washington (CCW)

48.3

#### Molina Healthcare of Washington, Incorporated (MHW)

51.1

**UnitedHealthcare Community Plan (UHC)**

46.8



Complete

**D2.VII.1 Measure Name: Ambulatory Care (AMB), Outpatient** 19 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

2802.6

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

2684.9

**Coordinated Care of Washington (CCW)**

3115.9

**Molina Healthcare of Washington, Incorporated (MHW)**

2993.3

**UnitedHealthcare Community Plan (UHC)**



Complete

**D2.VII.1 Measure Name: Ambulatory Care (AMB), Emergency Department**

90 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Wellpoint Washington, Incorporated (WLP)**

525.2

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

492.3

**Coordinated Care of Washington (CCW)**

516.5

**Molina Healthcare of Washington, Incorporated (MHW)**

483.3

## UnitedHealthcare Community Plan (UHC)

498.4



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR)**81 / 107  
**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

.9

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

.9

**Coordinated Care of Washington (CCW)**

1

**Molina Healthcare of Washington, Incorporated (MHW)**

.9



Complete

**D2.VII.1 Measure Name: Substance Use Disorder Treatment Rate (SUD), 12-64 years** 82 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

38

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

35.6

**Coordinated Care of Washington (CCW)**

38.1

**Molina Healthcare of Washington, Incorporated (MHW)**

38

## UnitedHealthcare Community Plan (UHC)

38.9



Complete

**D2.VII.1 Measure Name: Mental Health Service Rate, Broad** 83 / 107  
**Definition (MH-B), 6-64 years**

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

54.6

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

55.9

#### Coordinated Care of Washington (CCW)

57.9

#### Molina Healthcare of Washington, Incorporated (MHW)

58.1

## UnitedHealthcare Community Plan (UHC)

53.5



Complete

**D2.VII.1 Measure Name: Getting Needed Care (Composite), 84 / 107 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**

Yes

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

**Wellpoint Washington, Incorporated (WLP)**

73.7

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

82.3

**Coordinated Care of Washington (CCW)**

72.9

**Molina Healthcare of Washington, Incorporated (MHW)**

78.5

## UnitedHealthcare Community Plan (UHC)

75.2



Complete

### D2.VII.1 Measure Name: Getting Care Quickly (Composite), 85 / 107 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**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

70.7

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

70.2

##### Coordinated Care of Washington (CCW)

74.9

##### Molina Healthcare of Washington, Incorporated (MHW)

66.6



**D2.VII.1 Measure Name: How Well Doctors Communicate** 86 / 107  
 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**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

92.2

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

93

**Coordinated Care of Washington (CCW)**

93.9

**Molina Healthcare of Washington, Incorporated (MHW)**

88.1

UnitedHealthcare Community Plan (UHC)

90.7



Complete

**D2.VII.1 Measure Name: Customer Service (Composite), Adult** / 107

**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**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

82.8

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

89.1

**Coordinated Care of Washington (CCW)**

90.9

**Molina Healthcare of Washington, Incorporated (MHW)**

85.4

UnitedHealthcare Community Plan (UHC)



Complete

**D2.VII.1 Measure Name: Getting Need Care (Composite), Child** 88 / 107

**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**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**
**Wellpoint Washington, Incorporated (WLP)**

79.4

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

79.2

**Coordinated Care of Washington (CCW)**

81

**Molina Healthcare of Washington, Incorporated (MHW)**

79.2

## UnitedHealthcare Community Plan (UHC)

77.1



Complete

### D2.VII.1 Measure Name: Getting Care Quickly (Composite), 89 / 107 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**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

84.6

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

78.2

##### Coordinated Care of Washington (CCW)

87.5

##### Molina Healthcare of Washington, Incorporated (MHW)

86.6

## UnitedHealthcare Community Plan (UHC)

79.8



**D2.VII.1 Measure Name: How Well Doctors Communicate** 90 / 107  
**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**

Yes

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

92.2

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

93

#### Coordinated Care of Washington (CCW)

93.9

#### Molina Healthcare of Washington, Incorporated (MHW)

88.1

UnitedHealthcare Community Plan (UHC)

90.7



Complete

**D2.VII.1 Measure Name: Customer Service (Composite), Child** / 107

**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**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

83.5

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

84.3

**Coordinated Care of Washington (CCW)**

84.6

**Molina Healthcare of Washington, Incorporated (MHW)**

88

UnitedHealthcare Community Plan (UHC)



Complete

## **D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-5) / 107**

### **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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

**Wellpoint Washington, Incorporated (WLP)**

29.7

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

33.7

**Coordinated Care of Washington (CCW)**

37.4

**Molina Healthcare of Washington, Incorporated (MHW)**

37.2



**D2.VII.1 Measure Name: Diagnosed Mental Health Disorders (DMH), Total** 93 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

24.3

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

24.2

**Coordinated Care of Washington (CCW)**

28.3

**Molina Healthcare of Washington, Incorporated (MHW)**

28.1

## UnitedHealthcare Community Plan (UHC)

27.6



Complete

**D2.VII.1 Measure Name: Antibiotic Utilizations for Respiratory Conditions (AXR), Total** 94/ 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

20.1

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

19.1

#### Coordinated Care of Washington (CCW)

21.3

#### Molina Healthcare of Washington, Incorporated (MHW)

22

## UnitedHealthcare Community Plan (UHC)

20.5



Complete

### D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),95 / 107 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

15.4

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

18.5

##### Coordinated Care of Washington (CCW)

19.8

##### Molina Healthcare of Washington, Incorporated (MHW)

17.6



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),96 / 107  
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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

51.8

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

57

**Coordinated Care of Washington (CCW)**

59.5

**Molina Healthcare of Washington, Incorporated (MHW)**

55.4

## UnitedHealthcare Community Plan (UHC)

57.7



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),**97 / 107

**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, 01/01/2023 - 12/31/2023

### **D2.VII.8 Measure Description**

N/A

### **Measure results**

**Wellpoint Washington, Incorporated (WLP)**

14.2

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

18.1

**Coordinated Care of Washington (CCW)**

18.5

**Molina Healthcare of Washington, Incorporated (MHW)**

18



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),98 / 107  
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, 01/23/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

49.7

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

52.8

**Coordinated Care of Washington (CCW)**

58

**Molina Healthcare of Washington, Incorporated (MHW)**

64.6

## UnitedHealthcare Community Plan (UHC)

48.2



Complete

**D2.VII.1 Measure Name: Home and Community-Based Long-term Services and Supports Use (HCBS), 18-64 Years** 99 / 107

### D2.VII.2 Measure Domain

Long-term services and supports

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

N/A

**D2.VII.4 Measure Reporting and 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Wellpoint Washington, Incorporated (WLP)

95.1

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

96.3

#### Coordinated Care of Washington (CCW)

94.4

#### Molina Healthcare of Washington, Incorporated (MHW)

96.8

## UnitedHealthcare Community Plan (UHC)

95.8



Complete

**D2.VII.1 Measure Name: Percent Homeless - Narrow Definition (HOME-N), 6-64 Years (Note that a lower score is better for this measure)** 100 / 107

### D2.VII.2 Measure Domain

SDoH

**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

12.1

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

8.8

**Coordinated Care of Washington (CCW)**

8.3

**Molina Healthcare of Washington, Incorporated (MHW)**

7.8

## UnitedHealthcare Community Plan (UHC)

9.8



Complete

**D2.VII.1 Measure Name: Percent Homeless - Broad Definition (HOME-B), 6-64 Years (Note that a lower score is better for this measure)** 101 / 107

### D2.VII.2 Measure Domain

SDoH

**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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

14

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

10.6

**Coordinated Care of Washington (CCW)**

10.1

**Molina Healthcare of Washington, Incorporated (MHW)**

9.3



Complete

**D2.VII.1 Measure Name: Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total** 102 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

22.9

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

50.6

**Coordinated Care of Washington (CCW)**

23.6

**Molina Healthcare of Washington, Incorporated (MHW)**

42.7

## UnitedHealthcare Community Plan (UHC)

62.5



Complete

**D2.VII.1 Measure Name: Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

1.3

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

.6

**Coordinated Care of Washington (CCW)**

3.4

**Molina Healthcare of Washington, Incorporated (MHW)**

3.8



Complete

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

104 / 107

**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, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

49.8

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

49.7

**Coordinated Care of Washington (CCW)**

47.4

**Molina Healthcare of Washington, Incorporated (MHW)**

52.4

## UnitedHealthcare Community Plan (UHC)

52.6



Complete

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

105 / 107

#### 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, 01/01/2023 - 12/31/2023

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### Wellpoint Washington, Incorporated (WLP)

41.4

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

42.9

##### Coordinated Care of Washington (CCW)

42.5

##### Molina Healthcare of Washington, Incorporated (MHW)

45.8



Complete

**D2.VII.1 Measure Name: Prenatal Depression Screening and Follow-Up (PND-E), Depression Screening**

06 / 107

**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  
Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
HEDIS

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

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

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Wellpoint Washington, Incorporated (WLP)**

4.1

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

.5

**Coordinated Care of Washington (CCW)**

30.4

**Molina Healthcare of Washington, Incorporated (MHW)**

5

## UnitedHealthcare Community Plan (UHC)

10.5



Complete

**D2.VII.1 Measure Name: Postpartum Depression Screening and Follow-Up (PDS-E), Depression Screening** 07 / 107

### 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, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

**Wellpoint Washington, Incorporated (WLP)**

1.3

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

.2

**Coordinated Care of Washington (CCW)**

3.8

**Molina Healthcare of Washington, Incorporated (MHW)**

2.8

## **Topic VIII. Sanctions**

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: Civil monetary penalty**

1 / 15

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

Encounter Data

Validation Audit

**D3.VIII.3 Plan name**

Coordinated Care of Washington (CCW)

**D3.VIII.4 Reason for intervention**

Required periodic audit per 42 CFR §438.602(e) to assess the accuracy, truthfulness, and completeness of the encounter data submit by each MCO.

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

116

**D3.VIII.6 Sanction amount**

\$103,250

**D3.VIII.7 Date assessed**

10/17/2024

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

Yes, remediated 11/05/2024

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Civil monetary penalty**

2 / 15

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

Encounter Data

Validation Audit

**D3.VIII.3 Plan name**

Community Health Plan of Washington (CHPW)

**D3.VIII.4 Reason for intervention**

Required periodic audit per 42 CFR §438.602(e) to assess the accuracy, truthfulness, and completeness of the encounter data submit by each MCO.

## Sanction details

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

35

### D3.VIII.6 Sanction amount

\$11,250

### D3.VIII.7 Date assessed

08/15/2024

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

Yes, remediated 08/23/2024

### D3.VIII.9 Corrective action plan

Yes



Complete

## D3.VIII.1 Intervention type: Civil monetary penalty

3 / 15

### D3.VIII.2 Plan performance issue

Encounter Data

Validation Audit

### D3.VIII.3 Plan name

Molina Healthcare of Washington,  
Incorporated (MHW)

### D3.VIII.4 Reason for intervention

Required periodic audit per 42 CFR §438.602(e) to assess the accuracy, truthfulness, and completeness of the encounter data submit by each MCO.

## Sanction details

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

286

### D3.VIII.6 Sanction amount

\$106,500

### D3.VIII.7 Date assessed

10/15/2024

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

Yes, remediated 10/31/2024

### D3.VIII.9 Corrective action plan

Yes



Complete

### D3.VIII.1 Intervention type: Civil monetary penalty

4 / 15

#### D3.VIII.2 Plan

#### performance issue

Encounter Data

Validation Audit

#### D3.VIII.3 Plan name

UnitedHealthcare Community Plan (UHC)

#### D3.VIII.4 Reason for intervention

Required periodic audit per 42 CFR §438.602(e) to assess the accuracy, truthfulness, and completeness of the encounter data submit by each MCO.

#### Sanction details

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

168

#### D3.VIII.6 Sanction amount

\$92,750

#### D3.VIII.7 Date assessed

10/28/2024

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

Yes, remediated 12/05/2024

#### D3.VIII.9 Corrective action plan

Yes



Complete

### D3.VIII.1 Intervention type: Civil monetary penalty

5 / 15

#### D3.VIII.2 Plan

#### performance issue

Encounter Data

Validation Audit

#### D3.VIII.3 Plan name

Wellpoint Washington, Incorporated (WLP)

#### D3.VIII.4 Reason for intervention

Required periodic audit per 42 CFR §438.602(e) to assess the accuracy, truthfulness, and completeness of the encounter data submit by each MCO.

**Sanction details**

|                                              |                                                                |
|----------------------------------------------|----------------------------------------------------------------|
| <b>D3.VIII.5 Instances of non-compliance</b> | <b>D3.VIII.6 Sanction amount</b>                               |
| 38                                           | \$33,750                                                       |
| <b>D3.VIII.7 Date assessed</b>               | <b>D3.VIII.8 Remediation date non-compliance was corrected</b> |
| 10/01/2024                                   | Yes, remediated 10/15/2024                                     |
| <b>D3.VIII.9 Corrective action plan</b>      |                                                                |
| Yes                                          |                                                                |



**D3.VIII.1 Intervention type: Liquidated damages**

6 / 15

|                                         |                                       |
|-----------------------------------------|---------------------------------------|
| <b>D3.VIII.2 Plan performance issue</b> | <b>D3.VIII.3 Plan name</b>            |
| Reporting                               | UnitedHealthcare Community Plan (UHC) |

**D3.VIII.4 Reason for intervention**

The reason for the intervention by the Health Care Authority (HCA) was that United Healthcare Community Plan (UHC) violated its Integrated Managed Care contract by misreporting financial data. Specifically, UHC inaccurately reported one-time provider payment increases made by its subcontractor, King County Integrated Care Network (KCICN), as ongoing payments. This incorrect reporting led to overstated base period costs, which in turn inflated the 2024 capitation rates.

**Sanction details**

|                                              |                                  |
|----------------------------------------------|----------------------------------|
| <b>D3.VIII.5 Instances of non-compliance</b> | <b>D3.VIII.6 Sanction amount</b> |
| 2                                            | \$61,238                         |

**D3.VIII.7 Date assessed**

09/12/2024

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

Yes, remediated 10/21/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

7 / 15

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

False information

**D3.VIII.3 Plan name**

UnitedHealthcare Community Plan (UHC)

**D3.VIII.4 Reason for intervention**

The reason for the intervention by the Washington State Health Care Authority (HCA) was that UnitedHealthcare Community Plan of Washington (United) was found to be non-compliant with its 2023 Integrated Managed Care (IMC) contract, specifically in Grays Harbor County within the Great Rivers Regional Service Area (RSA).

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

4

**D3.VIII.6 Sanction amount**

\$100,000

**D3.VIII.7 Date assessed**

08/08/2023

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

Yes, remediated 10/15/2024

**D3.VIII.9 Corrective action plan**

Yes

**D3.VIII.1 Intervention type: Liquidated damages**

8 / 15

Complete

**D3.VIII.2 Plan**

**performance issue**

Reporting

**D3.VIII.3 Plan name**

Community Health Plan of Washington  
(CHPW)

**D3.VIII.4 Reason for intervention**

The reason for intervention by the Health Care Authority (HCA) was that Community Health Plan of Washington (CHPW) violated its Integrated Managed Care (IMC) contract by misreporting financial data related to provider payments made by its subcontractor, King County Integrated Care Network (KCICN).

**Sanction details**

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

1

**D3.VIII.6 Sanction amount**

\$61,238

**D3.VIII.7 Date assessed**

09/12/2024

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

Yes, remediated 10/21/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

9 / 15

**D3.VIII.2 Plan**

**performance issue**

Reporting

**D3.VIII.3 Plan name**

Molina Healthcare of Washington,  
Incorporated (MHW)

**D3.VIII.4 Reason for intervention**

The Health Care Authority (HCA) intervened with Molina Healthcare of Washington due to inaccurate reporting during the 2024 capitation rate-setting process. Molina incorrectly classified one-time provider payments made by its subcontractor, King County Integrated Care Network (KCICN), as ongoing payments in its data submissions. This misrepresentation led to inflated base period costs and overstated capitation rates.

### Sanction details

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

1

**D3.VIII.6 Sanction amount**

\$111,238

**D3.VIII.7 Date assessed**

09/12/2024

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

Yes, remediated 10/21/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

10 / 15

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

Reporting

**D3.VIII.3 Plan name**

Wellpoint Washington, Incorporated (WLP)

**D3.VIII.4 Reason for intervention**

The Health Care Authority (HCA) intervened with WellPoint Washington (WLP) because the organization misreported certain one-time payments made by its subcontractor, King County Integrated Care Network (KCICN), as ongoing payments during the capitation rate-setting process for calendar year 2024.

### Sanction details

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

1

**D3.VIII.6 Sanction amount**

\$61,238

**D3.VIII.7 Date assessed**

09/12/2024

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

Yes, remediated 10/21/2024

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Corrective action plan

11 / 15

#### D3.VIII.2 Plan

##### performance issue

Inaccurate  
information reported  
on CCW's Combined  
Provider Submission  
report for Quarter 1  
of 2023.

#### D3.VIII.3 Plan name

Coordinated Care of Washington (CCW)

#### D3.VIII.4 Reason for intervention

Inaccurate information reported on CCW's Combined Provider  
Submission report for Quarter 1 of 2023.

#### Sanction details

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

55

#### D3.VIII.6 Sanction amount

N/A

#### D3.VIII.7 Date assessed

02/29/2024

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

Yes, remediated 05/30/2024

#### D3.VIII.9 Corrective action plan

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

12 / 15

#### D3.VIII.2 Plan

##### performance issue

Inaccurate  
information reported

#### D3.VIII.3 Plan name

Community Health Plan of Washington  
(CHPW)

on CHPW's Combined  
Provider Submission  
report for Quarter 1  
of 2023.

**D3.VIII.4 Reason for intervention**

Inaccurate information reported on CHPW's Combined Provider  
Submission report for Quarter 1 of 2023.

**Sanction details**

**D3.VIII.5 Instances of non-  
compliance**  
43

**D3.VIII.6 Sanction amount**  
N/A

**D3.VIII.7 Date assessed**  
02/29/2024

**D3.VIII.8 Remediation date  
non-compliance was  
corrected**  
Yes, remediated 05/08/2024

**D3.VIII.9 Corrective action plan**  
Yes

 Complete

**D3.VIII.1 Intervention type: Corrective action plan**

13 / 15

**D3.VIII.2 Plan  
performance issue**  
Inaccurate  
information reported  
on MHW's Combined  
Provider Submission  
report for Quarter 1  
of 2023.

**D3.VIII.3 Plan name**  
Molina Healthcare of Washington,  
Incorporated (MHW)

**D3.VIII.4 Reason for intervention**

Inaccurate information reported on MHW's Combined Provider  
Submission report for Quarter 1 of 2023.

**Sanction details**

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

35

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

02/29/2024

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

Yes, remediated 05/29/2024

**D3.VIII.9 Corrective action plan**

Yes



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

14 / 15

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

Inaccurate information reported on UHC's Combined Provider Submission report for Quarter 1 of 2023.

**D3.VIII.3 Plan name**

UnitedHealthcare Community Plan (UHC)

**D3.VIII.4 Reason for intervention**

Inaccurate information reported on UHC's Combined Provider Submission report for Quarter 1 of 2023.

**Sanction details**

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

28

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

02/29/2024

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

Yes, remediated 05/08/2024

**D3.VIII.9 Corrective action plan**

Yes



Complete

### D3.VIII.1 Intervention type: Corrective action plan

15 / 15

#### D3.VIII.2 Plan

##### performance issue

Inaccurate information reported on WLP's Combined Provider Submission report for Quarter 1 of 2023.

#### D3.VIII.3 Plan name

Wellpoint Washington, Incorporated (WLP)

#### D3.VIII.4 Reason for intervention

Inaccurate information reported on WLP's Combined Provider Submission report for Quarter 1 of 2023.

#### Sanction details

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

86

##### D3.VIII.6 Sanction amount

N/A

##### D3.VIII.7 Date assessed

02/29/2024

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

Yes, remediated 05/08/2024

##### D3.VIII.9 Corrective action plan

Yes

## Topic X. Program Integrity

| Number | Indicator                                                                                                                                                                                             | Response                                                         |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| D1X.1  | <b>Dedicated program integrity staff</b><br>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). | <b>Wellpoint Washington, Incorporated (WLP)</b><br>6             |
|        |                                                                                                                                                                                                       | <b>Community Health Plan of Washington (CHPW)</b><br>14          |
|        |                                                                                                                                                                                                       | <b>Coordinated Care of Washington (CCW)</b><br>3.5               |
|        |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>27 |
|        |                                                                                                                                                                                                       | <b>UnitedHealthcare Community Plan (UHC)</b><br>5                |
| D1X.2  | <b>Count of opened program integrity investigations</b><br>How many program integrity investigations were opened by the plan during the reporting year?                                               | <b>Wellpoint Washington, Incorporated (WLP)</b><br>248           |
|        |                                                                                                                                                                                                       | <b>Community Health Plan of Washington (CHPW)</b><br>90          |
|        |                                                                                                                                                                                                       | <b>Coordinated Care of Washington (CCW)</b><br>1,759             |
|        |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>48 |
|        |                                                                                                                                                                                                       | <b>UnitedHealthcare Community Plan (UHC)</b><br>358              |
| D1X.3  | <b>Ratio of opened program integrity investigations to enrollees</b><br>What is the ratio of program integrity investigations opened by                                                               | <b>Wellpoint Washington, Incorporated (WLP)</b><br>248:159       |

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.

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

45:127

**Coordinated Care of Washington (CCW)**

1,759:187

**Molina Healthcare of Washington, Incorporated (MHW)**

4:69

**UnitedHealthcare Community Plan (UHC)**

179:98

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**D1X.4**

**Count of resolved program integrity investigations**

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

**Wellpoint Washington, Incorporated (WLP)**

215

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

74

**Coordinated Care of Washington (CCW)**

1,758

**Molina Healthcare of Washington, Incorporated (MHW)**

72

**UnitedHealthcare Community Plan (UHC)**

433

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**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.

**Wellpoint Washington, Incorporated (WLP)**

215:188

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

37:124

**Coordinated Care of Washington (CCW)**

879:88

**Molina Healthcare of Washington,  
Incorporated (MHW)**

36:435

**UnitedHealthcare Community Plan  
(UHC)**

433:217

**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.

**Wellpoint Washington,  
Incorporated (WLP)**

Makes referrals to the SMA and MFCU  
concurrently

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

Makes referrals to the SMA and MFCU  
concurrently

**Coordinated Care of Washington  
(CCW)**

Makes referrals to the SMA and MFCU  
concurrently

**Molina Healthcare of Washington,  
Incorporated (MHW)**

Makes referrals to the SMA and MFCU  
concurrently

**UnitedHealthcare Community Plan  
(UHC)**

Makes referrals to the SMA and MFCU  
concurrently

**D1X.7**

**Count of program  
integrity referrals to the  
state**

Enter the count of program  
integrity referrals that the  
plan made to the state in  
the past year. Enter the  
count of unduplicated  
referrals.

**Wellpoint Washington,  
Incorporated (WLP)**

8

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

1

**Coordinated Care of Washington  
(CCW)**

8

**Molina Healthcare of Washington,  
Incorporated (MHW)**

36

**UnitedHealthcare Community Plan  
(UHC)**

18

**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.

**Wellpoint Washington,  
Incorporated (WLP)**

8:159

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

1:254

**Coordinated Care of Washington  
(CCW)**

8:187

**Molina Healthcare of Washington,  
Incorporated (MHW)**

1:23

**UnitedHealthcare Community Plan  
(UHC)**

9:98

**D1X.9a:**

**Plan overpayment  
reporting to the state:  
Start Date**

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

**Wellpoint Washington,  
Incorporated (WLP)**

01/01/2024

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

01/01/2024

**Coordinated Care of Washington  
(CCW)**

01/01/2024

**Molina Healthcare of Washington,  
Incorporated (MHW)**

01/01/2024

**UnitedHealthcare Community Plan  
(UHC)**

01/01/2024

|                |                                                                                                                               |                                                            |
|----------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1X.9b:</b> | <b>Plan overpayment reporting to the state:<br/>End Date</b>                                                                  | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state? | 12/31/2024                                                 |
|                |                                                                                                                               | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                               | 12/31/2024                                                 |
|                |                                                                                                                               | <b>Coordinated Care of Washington (CCW)</b>                |
|                |                                                                                                                               | 12/31/2024                                                 |
|                |                                                                                                                               | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|                |                                                                                                                               | 12/31/2024                                                 |
|                |                                                                                                                               | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|                |                                                                                                                               | 12/31/2024                                                 |

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|                |                                                                                                                |                                                            |
|----------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1X.9c:</b> | <b>Plan overpayment reporting to the state:<br/>Dollar amount</b>                                              | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered? | \$22,982,540.79                                            |
|                |                                                                                                                | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                | \$9,991,753.49                                             |
|                |                                                                                                                | <b>Coordinated Care of Washington (CCW)</b>                |
|                |                                                                                                                | \$6,925,847.92                                             |
|                |                                                                                                                | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|                |                                                                                                                | \$107,095,859.66                                           |
|                |                                                                                                                | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|                |                                                                                                                | \$28,873,341.30                                            |

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|                |                                                                                                 |                                                   |
|----------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>D1X.9d:</b> | <b>Plan overpayment reporting to the state:<br/>Corresponding premium revenue</b>               | <b>Wellpoint Washington, Incorporated (WLP)</b>   |
|                | What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? | \$962,306,507                                     |
|                |                                                                                                 | <b>Community Health Plan of Washington (CHPW)</b> |
|                |                                                                                                 | \$1,271,103,424                                   |

(Premium revenue as defined in MLR reporting under 438.8(f)(2))

**Coordinated Care of Washington (CCW)**

\$942,585,334

**Molina Healthcare of Washington, Incorporated (MHW)**

\$4,149,507,436

**UnitedHealthcare Community Plan (UHC)**

\$1,189,337,260

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**D1X.10**

**Changes in beneficiary circumstances**

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

**Wellpoint Washington, Incorporated (WLP)**

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, Incorporated (MHW)**

Promptly when plan receives information about the change

**UnitedHealthcare Community Plan (UHC)**

Promptly when plan receives information about the change

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**Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

| Number | Indicator                                                                                       | Response                                                                                         |
|--------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| D4XI.1 | <b>ILOSs offered by plan</b><br>Indicate whether this plan offered any ILOS to their enrollees. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>No ILOSs were offered by this plan            |
|        |                                                                                                 | <b>Community Health Plan of Washington (CHPW)</b><br>No ILOSs were offered by this plan          |
|        |                                                                                                 | <b>Coordinated Care of Washington (CCW)</b><br>No ILOSs were offered by this plan                |
|        |                                                                                                 | <b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>No ILOSs were offered by this plan |
|        |                                                                                                 | <b>UnitedHealthcare Community Plan (UHC)</b><br>No ILOSs were offered by this plan               |

## Topic XIII. Prior Authorization



**Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

| Number   | Indicator                                                                                                                                                                                                                                                                                                                                           | Response                                                                                                                                                                                                                                                                                                                                        |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A      | <p><b>Are you reporting data prior to June 2026?</b></p> <p>If “Yes”, please complete the following questions under each plan.</p>                                                                                                                                                                                                                  | Not reporting data                                                                                                                                                                                                                                                                                                                              |
| D1XIII.1 | <p><b>URL for prior authorization data on plan’s website</b></p> <p>Provide the URL where the plan posts prior authorization data for all items and services excluding drugs, as required in 42 CFR § 438.210(f). If you choose not to respond prior to June 2026, enter “NR” for not reporting.</p>                                                | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/R</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p> |
| D1XIII.2 | <p><b>URL for list of all items and services subject to prior authorization</b></p> <p>Provide the URL where the plan posts the list of all items and services, excluding drugs, that are subject to prior authorization, as required in 42 CFR § 438.210(f)(1). If you choose not to respond prior to June 2026, enter “NR” for not reporting.</p> | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/R</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p> |

|                 |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1XIII.3</b> | <p><b>Total standard prior authorization requests received</b></p> <p>Enter the total number of standard prior authorization requests received by the plan for all items and services, excluding drugs, during the prior calendar year. If you choose not to respond prior to June 2026, enter "NR" for not reporting.</p>   | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p> |
| <b>D1XIII.4</b> | <p><b>Total expedited prior authorization requests received</b></p> <p>Enter the total number of expedited prior authorization requests received by the plan for all items and services, excluding drugs, during the prior calendar year. If you choose not to respond prior to June 2026, enter "NR" for not reporting.</p> | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p> |
| <b>D1XIII.5</b> | <p><b>Total standard and expedited prior authorization requests received</b></p> <p>Enter the total number of standard and expedited prior authorization requests received (D1.XIII.3</p>                                                                                                                                    | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p>                                                                                                                                                                                                           |

plus D1.XIII.4) by the plan during the prior calendar year. If you choose not to respond prior to June 2026, enter “NR” for not reporting.

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Incorporated (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

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**D1XIII.6**

**Percentage of standard prior authorization requests that were approved**

Of the total standard prior authorization requests, as reported in D1.XIII.3, enter the percentage that were fully approved. If you choose not to respond prior to June 2026, enter “NR” for not reporting.

**Wellpoint Washington, Incorporated (WLP)**

NR

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

0%

**Coordinated Care of Washington (CCW)**

0%

**Molina Healthcare of Washington, Incorporated (MHW)**

0%

**UnitedHealthcare Community Plan (UHC)**

0%

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**D1XIII.7**

**Percentage of standard prior authorization requests that were denied**

Of the total standard prior authorization requests, as reported in D1.XIII.3, enter the percentage that were fully or partially denied. If you choose not to respond prior to June 2026, enter “NR” for not reporting.

**Wellpoint Washington, Incorporated (WLP)**

0%

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

0%

**Coordinated Care of Washington (CCW)**

0%

**Molina Healthcare of Washington, Incorporated (MHW)**

0%

|                  |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                      |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |                                                                                                                                                                                                                                                                                                                                             | <b>UnitedHealthcare Community Plan (UHC)</b><br>0%                                                                                                                                                                                                                                                                   |
| <b>D1XIII.8</b>  | <b>Percentage of standard prior authorization requests approved after appeal</b><br><br>Of the total standard prior authorization requests, as reported in D1.XIII.3, enter the percentage that were approved after appeal. If you choose not to respond prior to June 2026, enter "NR" for not reporting.                                  | <b>Wellpoint Washington, Incorporated (WLP)</b><br>0%<br><br><b>Community Health Plan of Washington (CHPW)</b><br>0%<br><br><b>Coordinated Care of Washington (CCW)</b><br>0%<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>0%<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>0%      |
| <b>D1XIII.9</b>  | <b>Average time to decision for standard prior authorizations</b><br><br>Of the total standard prior authorization requests, as reported in D1.XIII.3, enter the average number of days that elapsed between submission of request and decision by the plan. If you choose not to respond prior to June 2026, enter "NR" for not reporting. | <b>Wellpoint Washington, Incorporated (WLP)</b><br>N/A<br><br><b>Community Health Plan of Washington (CHPW)</b><br>N/A<br><br><b>Coordinated Care of Washington (CCW)</b><br>N/A<br><br><b>Molina Healthcare of Washington, Incorporated (MHW)</b><br>N/A<br><br><b>UnitedHealthcare Community Plan (UHC)</b><br>N/A |
| <b>D1XIII.10</b> | <b>Median time to decision on standard prior authorizations</b>                                                                                                                                                                                                                                                                             | <b>Wellpoint Washington, Incorporated (WLP)</b><br>N/A                                                                                                                                                                                                                                                               |

Of the total standard prior authorization requests, as reported in D1.XIII.3, enter the median number of days that elapsed between submission of request and decision by the plan. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

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

N/A

**Coordinated Care of Washington (CCW)**

N/A

**Molina Healthcare of Washington, Incorporated (MHW)**

N/A

**UnitedHealthcare Community Plan (UHC)**

N/A

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**D1XIII.11 Percentage of expedited prior authorization requests that were approved**

Of the total expedited prior authorization requests reported in D1.XIII.4, enter the percentage that were approved. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Wellpoint Washington, Incorporated (WLP)**

0%

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

0%

**Coordinated Care of Washington (CCW)**

0%

**Molina Healthcare of Washington, Incorporated (MHW)**

0%

**UnitedHealthcare Community Plan (UHC)**

0%

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**D1XIII.12 Percentage of expedited prior authorization requests that were denied**

Of the total expedited prior authorization requests, as reported in D1.XIII.4, enter the percentage that were denied. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Wellpoint Washington, Incorporated (WLP)**

0%

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

0%

**Coordinated Care of Washington (CCW)**

0%

**Molina Healthcare of Washington,  
Incorporated (MHW)**

0%

**UnitedHealthcare Community  
Plan (UHC)**

0%

---

**D1XIII.13      Average time to decision  
for expedited prior  
authorizations**

Of the total expedited prior authorization requests, as reported in D1.XIII.4, enter the average number of hours that elapsed between submission of request and decision by the plan. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Wellpoint Washington,  
Incorporated (WLP)**

N/A

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

N/A

**Coordinated Care of Washington  
(CCW)**

N/A

**Molina Healthcare of Washington,  
Incorporated (MHW)**

N/A

**UnitedHealthcare Community  
Plan (UHC)**

N/A

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**D1XIII.14      Median time to decision  
for expedited prior  
authorizations**

Of the total expedited prior authorization requests, as reported in D1.XIII.4, enter the median number of hours that elapsed between submission of request and decision by the plan. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Wellpoint Washington,  
Incorporated (WLP)**

N/A

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

N/A

**Coordinated Care of Washington  
(CCW)**

N/A

**Molina Healthcare of Washington,  
Incorporated (MHW)**

N/A

**UnitedHealthcare Community  
Plan (UHC)**

N/A

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**D1XIII.15 Percentage of total prior authorization requests approved with extended timeframe**

Of the total prior authorization requests, as reported in D1.XIII.5, enter the percentage of requests for which the timeframe for review was extended and the request was approved. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Wellpoint Washington, Incorporated (WLP)**

0%

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

0%

**Coordinated Care of Washington (CCW)**

0%

**Molina Healthcare of Washington, Incorporated (MHW)**

0%

**UnitedHealthcare Community Plan (UHC)**

0%

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## Topic XIV. Patient Access API Usage



**Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                | Response                                                                                                                                                                                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A     | <p><b>Are you reporting data prior to June 2026?</b></p> <p>If “Yes”, please complete the following questions under each plan.</p>                                                                                                                                                                                                                                                                                                       | Not reporting data                                                                                                                                                                                                                                                                                                                              |
| D1XIV.1 | <p><b>Number of unique beneficiaries with at least one data transfer</b></p> <p>For the previous calendar year, indicate the total number of unique beneficiaries covered by the plan in this program whose data were transferred via the Patient Access API to a health application designated by the beneficiary. Provide program-specific numbers. If you choose not to respond prior to June 2026, enter “NR” for not reporting.</p> | <p><b>Wellpoint Washington, Incorporated (WLP)</b></p> <p>N/A</p> <p><b>Community Health Plan of Washington (CHPW)</b></p> <p>N/A</p> <p><b>Coordinated Care of Washington (CCW)</b></p> <p>N/A</p> <p><b>Molina Healthcare of Washington, Incorporated (MHW)</b></p> <p>N/A</p> <p><b>UnitedHealthcare Community Plan (UHC)</b></p> <p>N/A</p> |

|                |                                                                                                                                                                                                                                                                                                                                                                     |                                                            |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>D1XIV.2</b> | <b>Number of unique beneficiaries with multiple data transfers</b>                                                                                                                                                                                                                                                                                                  | <b>Wellpoint Washington, Incorporated (WLP)</b>            |
|                | For the previous calendar year, indicate the total number of unique beneficiaries covered by the plan in this program whose data were transferred more than once via the Patient Access API to a health application designated by the beneficiary. Provide program specific numbers. If you choose not to respond prior to June 2026, enter "NR" for not reporting. | N/A                                                        |
|                |                                                                                                                                                                                                                                                                                                                                                                     | <b>Community Health Plan of Washington (CHPW)</b>          |
|                |                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                        |
|                |                                                                                                                                                                                                                                                                                                                                                                     | <b>Coordinated Care of Washington (CCW)</b>                |
|                |                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                        |
|                |                                                                                                                                                                                                                                                                                                                                                                     | <b>Molina Healthcare of Washington, Incorporated (MHW)</b> |
|                |                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                        |
|                |                                                                                                                                                                                                                                                                                                                                                                     | <b>UnitedHealthcare Community Plan (UHC)</b>               |
|                |                                                                                                                                                                                                                                                                                                                                                                     | N/A                                                        |

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## Section E: BSS Entity Indicators

### Topic IX. Beneficiary Support System (BSS) Entities

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