

# Managed Care Program Annual Report (MCPAR) for Washington: Apple Health Integrated Managed Care (IMC)

|                 |                    |                      |               |
|-----------------|--------------------|----------------------|---------------|
| <b>Due date</b> | <b>Last edited</b> | <b>Edited by</b>     | <b>Status</b> |
| 06/29/2026      | 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 |

| Indicator                                                                                                                                                                                                                                                           | Response                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <p><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></p> <p>If “No”, please complete the following questions under each plan.</p> | <p>No (Excel submission)</p> |

## 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.                                                                                                                                                                                                  | 09/03/2026              |

## Reporting Period

| Number | Indicator                                                                   | Response                                   |
|--------|-----------------------------------------------------------------------------|--------------------------------------------|
| A5a    | <b>Reporting period start date</b><br>Auto-populated from report dashboard. | 01/01/2025                                 |
| A5b    | <b>Reporting period end date</b><br>Auto-populated from report dashboard.   | 12/31/2025                                 |
| A6     | <b>Program name</b><br>Auto-populated from report dashboard.                | Apple Health Integrated Managed Care (IMC) |

## Add plans (A.7)

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

| Indicator | Response                                                                                                                                                               |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan name | Coordinated Care of Washington<br>Community Health Plan of Washington<br>Molina Healthcare of Washington Incorporated<br>United Healthcare Community Plan<br>Wellpoint |

## 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<br>State Government Entity<br>Other Community-Based Organization<br>Enrollment Broker<br>Other, specify - Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister |

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

This section must be completed if any in lieu of services or settings (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).** (See 42 CFR 438.3(e)(2) and 438.16).

| Indicator | Response                                           |
|-----------|----------------------------------------------------|
| ILOS name | Intensive Behavioral Supportive Supervision (IBSS) |

# 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.                                                              | 1,953,505 |
| BI.2   | <b>Statewide Medicaid risk-based managed care enrollment</b><br><br>Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans. | 1,611,346 |

## 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>Periodic Audit - Financial; Periodic Audit – Encounter Data Validation; Audit of Service-Based Enhancement (SBE) payments to MCOs for: Delivery Case Rate Tribal Encounter Differential (Mental Health &amp; SUD) Tribal FQHC (Medical, Mental Health &amp; SUD) Non-Native Tribal FQHC (Medical, Mental Health &amp; SUD) Health Homes - Outreach, Engagement and Health Action Plan Health Homes - Intensive Health Home Care Coordination Health Homes - Low-level Health Home Care Coordination Foundational Community Support – Housing Foundational Community Support – Pre-Employment Foundational Community Support – Employment New Journeys (coordinated specialty care (CSC) program providing early intervention for ages 15 to 40 experiencing first episode of psychosis (FEP)) – Reviews included engagement outreach and recovery resiliency. Fee-For-Service/Managed Care duplicate payment – DME focus.</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 of the IMC Contract (5.6, 12.1, 12.5 &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 selected in indicator B.X.2.</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 within 30 days of the identification or recovery and must recover identified</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

overpayments within 60 days of identification. The state may assess liquidated damages if the plans fail to identify and recover overpayments as required.

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**BX.5****State overpayment reporting monitoring**

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

The state requires the plans to report all program integrity activities on a monthly deliverable that includes audit detail, encounter detail, identified and recovered overpayment amounts. The state reviews and validates overpayment recoveries against submitted encounter data and meets with the plans quarterly to discuss their program integrity performance and clarify any discrepancies between reported program integrity activities and submitted encounter data. In addition, the plans are required to submit an annual report of program integrity activities that rolls up and reports identified and recovered overpayments and cost avoidance amounts for the prior calendar year.

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**BX.6****Changes in beneficiary circumstances**

Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

The state issues the 834 Benefit and Enrollment Maintenance report to each MCO every day to ensure eligibility files are up to date. In addition, the files are audited each month to ensure enrollment files are accurate. The state also requires the plans to report demographic changes through MC-Track using the Newborn Payment Assistance Request Form (NB PARF) for newborn retro-enrollment and the Payment Assistance Request Form (PARF) for all other payment and enrollment inquiries to include but not limited to Service Base Enhancements (DCR, WISe, etc.), regular premium payments and other demographic changes that may impact eligibility (DOD, out-of-state address, etc.).

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**BX.7a****Changes in provider circumstances: Monitoring plans**

Does the state monitor whether plans report provider "for cause" terminations in a timely

Yes

manner under 42 CFR  
438.608(a)(4)? Select one.

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                     |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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?<br>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 QMT in which we confirmed active exclusions for 7 enrolled providers. QMT mailed Termination letters to those 7 providers which were reported to DEX. |

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                           |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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. | Periodic audits were in process during 2025. Results will be published upon completion in 2026.                                                                                           |

## 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      | <b>Are you reporting data prior to June 2026?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes      |
| BXIII.1a | <b>Timeframes for standard prior authorization decisions</b><br><br>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests? | No       |
| BXIII.2a | <b>Timeframes for expedited prior authorization decisions</b><br><br>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?                                                                                                                                                                                                                                                          | No       |

**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 Integrated Managed Care (IMC 01/01/2025)                                                                                                                                                                                   |
| <b>N/A</b>    | Enter the date of the contract between the state and plans participating in the managed care program.                                                                                                                                                                                                                                                                                                                                                                                                                      | 01/01/2025                                                                                                                                                                                                                              |
| <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).                                                                                                                                                                                                     | 1,591,037                                                                            |
| <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 II: Medical Loss Ratio (MLR) Reporting

| Number  | Indicator                                                                                                                                                                                                                                      | Response   |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| C1II.1  | <b>Submission Date of Most Recent MLR Report</b><br><br>When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?                                              | 12/31/2025 |
| C1II.2  | <b>Most Recent MLR Reporting Period</b><br><br>Please report the beginning date of that MLR reporting period.                                                                                                                                  | 01/01/2025 |
| N/A     | Please report the end date of that MLR reporting period.                                                                                                                                                                                       | 12/31/2025 |
| C1II.3  | <b>MLR Validation Completion</b><br><br>Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.) | No         |
| C1II.3a | <b>Anticipated Validation Date</b><br><br>When does the state anticipate doing so?                                                                                                                                                             | 05/2027    |

## Topic III: Encounter Data Report

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Response                                                                                                                                                                                                                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1III.1 | <p><b>Uses of encounter data</b></p> <p>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)).</p>                                                                                                   | <p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>                                                                                |
| C1III.2 | <p><b>Criteria/measures to evaluate MCP performance</b></p> <p>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).</p> | <p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p> |
| C1III.3 | <p><b>Encounter data performance criteria contract language</b></p> <p>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.</p>                                                                                                                                                                                            | 5.18.1-15.18.11.3                                                                                                                                                                                                                                                      |
| C1III.4 | <p><b>Financial penalties contract language</b></p> <p>Provide reference(s) to the contract section(s) that</p>                                                                                                                                                                                                                                                                                                                                                                                          | 5.18.9.3                                                                                                                                                                                                                                                               |

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 program does not use incentives to reward 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 13.3.1.12.1 : 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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## **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 / 47

**C2.V.2 Measure standard**

2 in 10 miles, travel time not to exceed 30 minutes from the enrollee's primary residence. 90 minute maximum for public transit.

**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 / 47

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 60 minutes.

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Hospital

**C2.V.5 Region**

Non-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

3 / 47

### C2.V.2 Measure standard

1 in 25 miles, travel time not to exceed 60 minutes.

### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Pharmacy

#### C2.V.5 Region

Non-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

4 / 47

### C2.V.2 Measure standard

2 in 10 miles, travel time not to exceed 30 minutes from the enrollee's primary residence. 90 minute maximum for public transit.

### 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 / 47

#### C2.V.2 Measure standard

1 in 25 miles, travel time not to exceed 60 minutes.

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

OB/GYN

#### C2.V.5 Region

Non-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

6 / 47

#### C2.V.2 Measure standard

2 in 10 miles, travel time not to exceed 30 minutes from the enrollee's primary residence. 90 minute maximum for public transit.

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

OB/GYN

#### 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 / 47

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

1 in 25 miles, travel time not to exceed 60 minutes.

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

Mental health

#### **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**

8 / 47

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

1 in 25 miles, travel time not to exceed 60 minutes.

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

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Substance Use  
Disorder (SUD)

**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 / 47

**C2.V.2 Measure standard**

1 in 25 miles, travel time not to exceed 60 minutes.

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Mental health

**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 / 47

**C2.V.2 Measure standard**

Error rate 10% or less

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

11 / 47

**C2.V.2 Measure standard**

Error rate 10% or less

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Mental health

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

12 / 47

**C2.V.2 Measure standard**

Error rate 10% or less

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

Substance Use  
Disorder (SUD)

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

13 / 47

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

Error rate 10% or less

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

14 / 47

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

Error rate 10% or less

### **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**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

15 / 47

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

Error rate 10% or less

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

Pharmacy

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Encounter Data Analysis, Custom method - NPI Validation

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

Quarterly



Complete

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

16 / 47

## C2.V.2 Measure standard

N/A

### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Primary care

#### 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

17 / 47

## C2.V.2 Measure standard

N/A

### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Mental health

#### 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

18 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Substance Use  
Disorder (SUD)

#### 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

19 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

OB/GYN

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Encounter Data Analysis

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

Annually



Complete

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

20 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

Exception to quantitative standard

#### C2.V.4 Provider

Hospital

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Encounter Data Analysis

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

Annually



Complete

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

21 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Pharmacy

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Encounter Data Analysis

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

Annually



Complete

### C2.V.3 Standard type: Network participation

22 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Primary care

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Network participation

23 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Mental health

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Network participation

24 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Substance Use  
Disorder (SUD)

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Network participation

25 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

OB/GYN

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Network participation

26 / 47

#### C2.V.2 Measure standard

N/A

#### 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

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Network participation

27 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Pharmacy

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Network Participation

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

No set time period



Complete

### C2.V.3 Standard type: Ease of getting a timely appointment 28 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Primary care

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Appointment Availability

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

No set time period



Complete

### C2.V.3 Standard type: Ease of getting a timely appointment 29 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Mental health

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Appointment Availability

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

No set time period



Complete

**C2.V.3 Standard type: Ease of getting a timely appointment** 30 / 47

**C2.V.2 Measure standard**

N/A

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Substance Use  
Disorder (SUD)

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Secret Shopper: Appointment Availability

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

No set time period



Complete

**C2.V.3 Standard type: Ease of getting a timely appointment** 31 / 47

**C2.V.2 Measure standard**

N/A

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

OB/GYN

**C2.V.5 Region**

Statewide

**C2.V.6**

**Population**

Adult and  
pediatric

**C2.V.7 Monitoring Methods**

Secret Shopper: Appointment Availability

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

No set time period



Complete

### C2.V.3 Standard type: Ease of getting a timely appointment 32 / 47

#### C2.V.2 Measure standard

N/A

#### 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

Secret Shopper: Appointment Availability

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

No set time period



Complete

### C2.V.3 Standard type: Ease of getting a timely appointment 33 / 47

#### C2.V.2 Measure standard

N/A

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Pharmacy

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Secret Shopper: Appointment Availability

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

No set time period



Complete

### C2.V.3 Standard type: Appointment wait time

34 / 47

#### C2.V.2 Measure standard

Within 7 calendar days of discharge

#### C2.V.1 General category

General quantitative availability and accessibility standard

##### C2.V.4 Provider

Primary care:  
Transitional  
Health Care  
Services

##### C2.V.5 Region

Statewide

##### C2.V.6

##### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Custom method - Capacity survey, direct provider outreach, and review of enrollee and/or provider complaints

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

No set time period



Complete

### C2.V.3 Standard type: Appointment wait time

35 / 47

#### C2.V.2 Measure standard

Within 7 calendar days of discharge

#### C2.V.1 General category

General quantitative availability and accessibility standard

##### C2.V.4 Provider

Mental health:  
Transitional  
Health Care  
Services by a  
home care nurse,  
home care  
registered  
counselor, or a

##### C2.V.5 Region

Statewide

##### C2.V.6

##### Population

Adult and  
pediatric

Mental Health  
Professional

### C2.V.7 Monitoring Methods

Custom method - Capacity survey, direct provider outreach, and review of enrollee and/or provider complaints

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

No set time period



Complete

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

36 / 47

#### C2.V.2 Measure standard

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Primary care

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

### C2.V.7 Monitoring Methods

Custom method - Online provider directory review for each MCO

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

Annually



Complete

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

37 / 47

#### C2.V.2 Measure standard

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

Mental health

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Custom method - Online provider directory review for each MCO

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

Annually



Complete

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

38 / 47

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

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

Substance Use  
Disorder (SUD)

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Custom method - Online provider directory review for each MCO

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

Annually



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

39 / 47

## Complete C2.V.2 Measure standard

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

OB/GYN

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

### C2.V.7 Monitoring Methods

Custom method - Online provider directory review for each MCO

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

Annually



Complete

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

40 / 47

### C2.V.2 Measure standard

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

### 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

Custom method - Online provider directory review for each MCO

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

Annually



Complete

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

41 / 47

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

Updated quarterly minimum, monthly if not mobile-enabled, and within 30 days of a reported change or 10 days of a reported error.

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

General quantitative availability and accessibility standard

##### **C2.V.4 Provider**

Pharmacy

##### **C2.V.5 Region**

Statewide

##### **C2.V.6**

##### **Population**

Adult and  
pediatric

#### **C2.V.7 Monitoring Methods**

Custom method - Online provider directory review for each MCO

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

Annually



Complete

### **C2.V.3 Standard type: Hours of operation**

42 / 47

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

No less than the hours of operation offered to any other patient

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

General quantitative availability and accessibility standard

##### **C2.V.4 Provider**

Primary care

##### **C2.V.5 Region**

Statewide

##### **C2.V.6**

##### **Population**

Adult and  
pediatric

#### **C2.V.7 Monitoring Methods**

Custom method - Deliverable

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

Annually



Complete

### C2.V.3 Standard type: Hours of operation

43 / 47

#### C2.V.2 Measure standard

No less than the hours of operation offered to any other patient

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Mental health

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

#### C2.V.7 Monitoring Methods

Custom method - Deliverable

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

Annually



Complete

### C2.V.3 Standard type: Hours of operation

44 / 47

#### C2.V.2 Measure standard

No less than the hours of operation offered to any other patient

#### C2.V.1 General category

General quantitative availability and accessibility standard

#### C2.V.4 Provider

Substance Use  
Disorder (SUD)

#### C2.V.5 Region

Statewide

#### C2.V.6

#### Population

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Custom method - Deliverable

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

Annually



Complete

### **C2.V.3 Standard type: Hours of operation**

45 / 47

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

No less than the hours of operation offered to any other patient

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

General quantitative availability and accessibility standard

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Statewide

#### **C2.V.6**

#### **Population**

Adult and  
pediatric

### **C2.V.7 Monitoring Methods**

Custom method - Deliverable

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

Annually



Complete

### **C2.V.3 Standard type: Hours of operation**

46 / 47

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

No less than the hours of operation offered to any other patient

#### **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**

Custom method - Deliverable

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

Annually



Complete

**C2.V.3 Standard type: Hours of operation**

47 / 47

**C2.V.2 Measure standard**

No less than the hours of operation offered to any other patient

**C2.V.1 General category**

General quantitative availability and accessibility standard

**C2.V.4 Provider**

Pharmacy

**C2.V.5 Region**

Statewide

**C2.V.6****Population**Adult and  
pediatric**C2.V.7 Monitoring Methods**

Custom method - deliverable

**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-helpdetails.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/nondiscrimination">https://www.wahbexchange.org/about-the-exchange/what-is-the-exchange/policies/nondiscrimination</a> accessibility/ 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-">https://www.hca.wa.gov/about-hca/ada-</a> |

accessibility Washington Health Care Authority - Language Access website: <https://www.hca.wa.gov/about-hca/language-access> Washington Health Care Authority - Language Access publication insert: <https://www.hca.wa.gov/assets/program/65-153-language-assistance-insert.pdf>

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**C1IX.3 BSS LTSS program data**

N/A

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). If the program does not offer LTSS, enter "N/A".

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**C1IX.4 State evaluation of BSS entity performance**

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

"The Exchange partners with Navigators and Brokers to perform outreach and enrollment activities. The Exchange supports quality, effectiveness, and efficiency through metrics such as monthly enrollment reports and KPIs. Navigators: • Lead Organizations send monthly enrollment and outreach reports to the Exchange. • Quality, effectiveness, and efficiency is measured by the key performance indicators (KPIs): o Complete outreach plan and report delivered monthly o Monthly outreach activities reach attendance limit o Favorable support and responsiveness ratings from Navigators they support during the yearly Navigator Survey o Navigator background checks are completed timely every two years o Navigators pass certification quizzes within the first three attempts o Partner Organization subcontracts (MOUs) are executed and submitted to the Exchange timely o Minimum standards of Qualified Health Plan re-enrollment of customers partnered with a Navigator Brokers: • Brokers must sign a Washington Health Benefit Exchange Producer Participation Agreement confirming: o They will comply with all Exchange policies and procedures including but not limited to those relate to enrollment solicitation,

submission of applications, and sales requirements. o They will comply with all applicable federal and state laws and regulations, including those governing data protection, confidentiality, and conflicts of interest, and to abide by all rules, regulations, policies, and procedures established by the Exchange, including, but not limited to, required training, annual update training, and Exchange privacy and security standards.

- Brokers must present a Scope of Appointment form to prospective customers prior to all sales presentations. o The Exchange requires Brokers to document the scope of the marketing appointment to ensure consumers understand what will be discussed between the Broker and the consumer (or their authorized representative). o Forms are to be maintained by the producer and made available upon the request of the Exchange.
- Brokers and Navigators:
  - Assistants are required to certify with the Exchange to access Washington Healthplanfinder.
  - Assistants 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 assistants informed of systems, process, regulations, and updates to the Washington Healthplanfinder application.
  - Assistants 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>                                                                                                                                                                                                                                                                | Other, specify – State Plan Amendments                   |
| 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>                                                                                                                                                                                               | 04/01/2026                                               |

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).                          | 01/13/2025 |
| <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 MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" | 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                                                       |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>D1I.1</b> | <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).                                                                                   | <b>Coordinated Care of Washington</b><br>193,566               |
|              |                                                                                                                                                                                                                                             | <b>Community Health Plan of Washington</b><br>268,483          |
|              |                                                                                                                                                                                                                                             | <b>Molina Healthcare of Washington Incorporated</b><br>787,714 |
|              |                                                                                                                                                                                                                                             | <b>United Healthcare Community Plan</b><br>182,781             |
|              |                                                                                                                                                                                                                                             | <b>Wellpoint</b><br>144,780                                    |
| <b>D1I.2</b> | <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? Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1) | <b>Coordinated Care of Washington</b><br>9.9%                  |
|              |                                                                                                                                                                                                                                             | <b>Community Health Plan of Washington</b><br>13.7%            |
|              |                                                                                                                                                                                                                                             | <b>Molina Healthcare of Washington Incorporated</b><br>40.3%   |
|              |                                                                                                                                                                                                                                             | <b>United Healthcare Community Plan</b><br>9.4%                |
|              |                                                                                                                                                                                                                                             | <b>Wellpoint</b><br>7.4%                                       |
| <b>D1I.3</b> | <b>Plan share of risk-based Medicaid managed care</b><br>What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care? Numerator: Plan enrollment                            | <b>Coordinated Care of Washington</b><br>12%                   |
|              |                                                                                                                                                                                                                                             | <b>Community Health Plan of Washington</b><br>16.7%            |

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

**Molina Healthcare of  
Washington Incorporated**

48.9%

**United Healthcare  
Community Plan**

11.3%

**Wellpoint**

9%

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**D1I.4: Parent**

**Organization: The name  
of the parent entity that  
controls the Medicaid  
Managed Care Plan.**

If the managed care plan is  
owned or controlled by a  
separate entity (parent),  
report the name of that  
entity. If the managed care  
plan is not controlled by a  
separate entity, please  
report the managed care  
plan name in this field.

**Coordinated Care of  
Washington**

Centene Cooperation owns  
Coordinated Care of  
Washington

**Community Health Plan of  
Washington**

None for Community Health  
Plan of Washington

**Molina Healthcare of  
Washington Incorporated**

None for Molina Healthcare,  
Inc.

**United Healthcare  
Community Plan**

UnitedHealth Group owns  
UnitedHealthcare of  
Washington

**Wellpoint**

Elevance Health, Inc. owns  
WellPoint

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## **Topic II: Medical Loss Ratio (MLR) Reporting**

| Number  | Indicator                                                                                                                                                                                          | Response                                                       |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| D1II.1  | <b>MLR Data Received</b><br>Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report? | <b>Coordinated Care of Washington</b><br>No                    |
|         |                                                                                                                                                                                                    | <b>Community Health Plan of Washington</b><br>No               |
|         |                                                                                                                                                                                                    | <b>Molina Healthcare of Washington Incorporated</b><br>No      |
|         |                                                                                                                                                                                                    | <b>United Healthcare Community Plan</b><br>No                  |
|         |                                                                                                                                                                                                    | <b>Wellpoint</b><br>No                                         |
| D1II.1c | <b>Projected Date for Receipt of MLR Data for This Reporting Period</b><br>When does the state anticipate receiving MLR data for this reporting period from this plan?                             | <b>Coordinated Care of Washington</b><br>12/2026               |
|         |                                                                                                                                                                                                    | <b>Community Health Plan of Washington</b><br>12/2026          |
|         |                                                                                                                                                                                                    | <b>Molina Healthcare of Washington Incorporated</b><br>12/2026 |
|         |                                                                                                                                                                                                    | <b>United Healthcare Community Plan</b><br>12/2026             |
|         |                                                                                                                                                                                                    | <b>Wellpoint</b><br>12/2026                                    |

## Topic III. Encounter Data

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Response                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1III.1 | <p><b>Definition of timely encounter data submissions</b></p> <p>Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>                                                                                                                                                                                                                                                                                                              | <p><b>Coordinated Care of Washington</b></p> <p>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.</p> <p><b>Community Health Plan of Washington</b></p> <p>n/a</p> <p><b>Molina Healthcare of Washington Incorporated</b></p> <p>n/a</p> <p><b>United Healthcare Community Plan</b></p> <p>n/a</p> <p><b>Wellpoint</b></p> <p>n/a</p> |
| D1III.2 | <p><b>Share of encounter data submissions that met state's timely submission requirements</b></p> <p>What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the 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.</p> | <p><b>Coordinated Care of Washington</b></p> <p>99.86%</p> <p><b>Community Health Plan of Washington</b></p> <p>0%</p> <p><b>Molina Healthcare of Washington Incorporated</b></p> <p>0%</p> <p><b>United Healthcare Community Plan</b></p> <p>0%</p> <p><b>Wellpoint</b></p> <p>0%</p>                                                                                                                              |
| D1III.3 | <p><b>Share of encounter data submissions that were HIPAA compliant</b></p> <p>What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for</p>                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Coordinated Care of Washington</b></p> <p>99.9%</p> <p><b>Community Health Plan of Washington</b></p> <p>0%</p>                                                                                                                                                                                                                                                                                               |

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.

**Molina Healthcare of Washington Incorporated**

0%

**United Healthcare Community Plan**

0%

**Wellpoint**

0%

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

### 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. 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>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,228                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4,236                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |
| 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.                                                                                                                                                                                                                                                                                                                  | 2,964                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>United Healthcare Community Plan</b>             |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,212                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Wellpoint</b>                                    |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 519                                                 |
| D1IV.1a | <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 enrollee.                                                                                                                                                                                                                                                                                             | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 514                                                 |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,357                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |
| 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 enrollee.                                                                                                                                                                                                                                                                                             | 1,264                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>United Healthcare Community Plan</b>             |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 536                                                 |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Wellpoint</b>                                    |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 310                                                 |
| 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 enrollee.                                                                                                                                                                                                                                                                                             | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
| 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 enrollee.                                                                                                                                                                                                                                                                                             | 17                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |

27

**United Healthcare Community Plan**

24

**Wellpoint**

7

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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.

**Coordinated Care of Washington**

710

**Community Health Plan of Washington**

2,862

**Molina Healthcare of Washington Incorporated**

1,673

**United Healthcare Community Plan**

652

**Wellpoint**

202

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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.

**Coordinated Care of Washington**

5

**Community Health Plan of Washington**

6

**Molina Healthcare of Washington Incorporated**

54

**United Healthcare Community Plan**

108

**Wellpoint**

9

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**D1IV.3 Appeals filed on behalf of LTSS users**

**Coordinated Care of Washington**

N/A

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).

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

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), 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

**Coordinated Care of Washington**

N/A

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

N/A

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.

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**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.

**Coordinated Care of Washington**

1,006

**Community Health Plan of Washington**

3,125

**Molina Healthcare of Washington Incorporated**

2,751

**United Healthcare Community Plan**

832

**Wellpoint**

507

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**D1IV.5b**

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

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

**Coordinated Care of Washington**

221

**Community Health Plan of Washington**

1,069

**Molina Healthcare of Washington Incorporated**

212

**United Healthcare Community Plan**

334

**Wellpoint**

12

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|                |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                      |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.6a</b> | <b>Resolved appeals related to denial of authorization or limited authorization of a service</b><br><br>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). | <b>Coordinated Care of Washington</b><br>1,226<br><br><b>Community Health Plan of Washington</b><br>4,225<br><br><b>Molina Healthcare of Washington Incorporated</b><br>2,931<br><br><b>United Healthcare Community Plan</b><br>1,169<br><br><b>Wellpoint</b><br>519 |
| <b>D1IV.6b</b> | <b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b><br><br>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.                                                                                                                         | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>3<br><br><b>Molina Healthcare of Washington Incorporated</b><br>0<br><br><b>United Healthcare Community Plan</b><br>1<br><br><b>Wellpoint</b><br>0                   |
| <b>D1IV.6c</b> | <b>Resolved appeals related to payment denial</b><br><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.                                                                                                                                                                            | <b>Coordinated Care of Washington</b><br>2<br><br><b>Community Health Plan of Washington</b><br>7<br><br><b>Molina Healthcare of Washington Incorporated</b><br>33                                                                                                   |

|                |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                     |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                                                                                                                                                                                                                                                                                                                                           | <b>United Healthcare Community Plan</b><br>17<br><b>Wellpoint</b><br>0                                                                                                                                                              |
| <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).                                                                                                       | <b>Coordinated Care of Washington</b><br>0<br><b>Community Health Plan of Washington</b><br>0<br><b>Molina Healthcare of Washington Incorporated</b><br>0<br><b>United Healthcare Community Plan</b><br>0<br><b>Wellpoint</b><br>0  |
| <b>D1IV.6e</b> | <b>Resolved appeals related to lack of timely plan response to an appeal or grievance</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 act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals. | <b>Coordinated Care of Washington</b><br>0<br><b>Community Health Plan of Washington</b><br>0<br><b>Molina Healthcare of Washington Incorporated</b><br>0<br><b>United Healthcare Community Plan</b><br>25<br><b>Wellpoint</b><br>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>Coordinated Care of Washington</b><br>0                                                                                                                                                                                          |

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

0

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

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

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

1

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

0

## Appeals by Service

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

| Number  | Indicator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Response                                            |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| D1IV.7a | <b>Resolved appeals related to general inpatient services</b><br><br>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”.                                                                                           | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Molina Healthcare of Washington Incorporated</b> |
| D1IV.7b | <b>Resolved appeals related to general outpatient services</b><br><br>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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”. | 47                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>United Healthcare Community Plan</b>             |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Wellpoint</b>                                    |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31                                                  |
| D1IV.7c | <b>Resolved appeals related to inpatient behavioral health services</b><br><br>Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover                                                                                                                                                                                                                                                                  | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14                                                  |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Molina Healthcare of Washington Incorporated</b> |

inpatient behavioral health services, enter "N/A".

16

**United Healthcare Community Plan**

4

**Wellpoint**

0

**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".

**Coordinated Care of Washington**

10

**Community Health Plan of Washington**

21

**Molina Healthcare of Washington Incorporated**

106

**United Healthcare Community Plan**

10

**Wellpoint**

4

**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".

**Coordinated Care of Washington**

724

**Community Health Plan of Washington**

3,220

**Molina Healthcare of Washington Incorporated**

1,947

**United Healthcare Community Plan**

650

**Wellpoint**

303

**D1IV.7f**

**Resolved appeals related to skilled nursing facility (SNF) services**

**Coordinated Care of Washington**

5

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".

**Community Health Plan of Washington**

24

**Molina Healthcare of Washington Incorporated**

69

**United Healthcare Community Plan**

26

**Wellpoint**

9

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**D1IV.7g**

**Resolved appeals related to long-term services and supports (LTSS)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A". (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

**Coordinated Care of Washington**

N/A

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

N/A

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**D1IV.7h**

**Resolved appeals related to dental services**

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

**Coordinated Care of Washington**

N/A

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

|                 |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                                                                                                                                                                                                                                                                                                | <b>Wellpoint</b><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>Coordinated Care of Washington</b><br>N/A<br><br><b>Community Health Plan of Washington</b><br>N/A<br><br><b>Molina Healthcare of Washington Incorporated</b><br>N/A<br><br><b>United Healthcare Community Plan</b><br>N/A<br><br><b>Wellpoint</b><br>N/A |
| <b>D1IV.7k:</b> | <b>Resolved appeals related to durable medical equipment (DME) &amp; supplies</b><br><br>Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A". | <b>Coordinated Care of Washington</b><br>82<br><br><b>Community Health Plan of Washington</b><br>378<br><br><b>Molina Healthcare of Washington Incorporated</b><br>311<br><br><b>United Healthcare Community Plan</b><br>53<br><br><b>Wellpoint</b><br>32    |
| <b>D1IV.7l:</b> | <b>Resolved appeals related to home health / hospice</b><br><br>Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover                                                      | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>1                                                                                                                                                            |

this type of service, enter “N/A”.

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

1

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**D1IV.7m: Resolved appeals related to emergency services / emergency department**

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter “N/A”.

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

0

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**D1IV.7n: Resolved appeals related to therapies**

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

5

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**D1IV.7o**      **Resolved appeals related to other service types**

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

**Coordinated Care of Washington**  
5

**Community Health Plan of Washington**  
11

**Molina Healthcare of Washington Incorporated**  
36

**United Healthcare Community Plan**  
43

**Wellpoint**  
7

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## State Fair Hearings

| Number  | Indicator                                                                                                                                                                                                                              | Response                                            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| D1IV.8a | <b>State Fair Hearing requests</b><br><br>Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.                                         | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                        | 44                                                  |
|         |                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                        | 98                                                  |
|         |                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |
| D1IV.8b | <b>State Fair Hearings resulting in a favorable decision for the enrollee</b><br><br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | 70                                                  |
|         |                                                                                                                                                                                                                                        | <b>United Healthcare Community Plan</b>             |
|         |                                                                                                                                                                                                                                        | 38                                                  |
|         |                                                                                                                                                                                                                                        | <b>Wellpoint</b>                                    |
|         |                                                                                                                                                                                                                                        | 31                                                  |
| D1IV.8c | <b>State Fair Hearings resulting in an adverse decision for the enrollee</b><br><br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.                      | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                        | 1                                                   |
|         |                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                        | 10                                                  |
|         |                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |
| D1IV.8d | <b>State Fair Hearings resulting in an adverse decision for the enrollee</b><br><br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.                      | 9                                                   |
|         |                                                                                                                                                                                                                                        | <b>United Healthcare Community Plan</b>             |
|         |                                                                                                                                                                                                                                        | 6                                                   |
|         |                                                                                                                                                                                                                                        | <b>Wellpoint</b>                                    |
|         |                                                                                                                                                                                                                                        | 6                                                   |
| D1IV.8e | <b>State Fair Hearings resulting in an adverse decision for the enrollee</b><br><br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.                      | <b>Coordinated Care of Washington</b>               |
|         |                                                                                                                                                                                                                                        | 8                                                   |
|         |                                                                                                                                                                                                                                        | <b>Community Health Plan of Washington</b>          |
|         |                                                                                                                                                                                                                                        | 32                                                  |
|         |                                                                                                                                                                                                                                        | <b>Molina Healthcare of Washington Incorporated</b> |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21                                                                                                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>United Healthcare Community Plan</b>                                                                                                                                                                                                                 |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11                                                                                                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Wellpoint</b>                                                                                                                                                                                                                                        |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12                                                                                                                                                                                                                                                      |
| <hr/>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
| <b>D1IV.8d</b> | <b>State Fair Hearings retracted prior to reaching a decision</b><br><br>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.                                                                                                                                                                | <b>Coordinated Care of Washington</b><br>26<br><br><b>Community Health Plan of Washington</b><br>56<br><br><b>Molina Healthcare of Washington Incorporated</b><br>40<br><br><b>United Healthcare Community Plan</b><br>21<br><br><b>Wellpoint</b><br>13 |
| <hr/>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
| <b>D1IV.9a</b> | <b>External Medical Reviews resulting in a favorable decision for the enrollee</b><br><br>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B). | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>0<br><br><b>Molina Healthcare of Washington Incorporated</b><br>0<br><br><b>United Healthcare Community Plan</b><br>0<br><br><b>Wellpoint</b><br>0      |
| <hr/>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
| <b>D1IV.9b</b> | <b>External Medical Reviews resulting in an adverse decision for the enrollee</b>                                                                                                                                                                                                                                                                                                                                                                                         | <b>Coordinated Care of Washington</b><br>0                                                                                                                                                                                                              |

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).

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

0

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**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 that were related to access to care. A grievance is "resolved" when it has reached completion and been closed by the plan.                                                                                                                        | <b>Coordinated Care of Washington</b><br>1,303                |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Community Health Plan of Washington</b><br>2,063           |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Molina Healthcare of Washington Incorporated</b><br>14,435 |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>United Healthcare Community Plan</b><br>2,418              |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Wellpoint</b><br>955                                       |
| 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>Coordinated Care of Washington</b><br>140                  |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Community Health Plan of Washington</b><br>21              |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Molina Healthcare of Washington Incorporated</b><br>177    |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>United Healthcare Community Plan</b><br>254                |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Wellpoint</b><br>66                                        |
| D1IV.12 | <b>Grievances filed on behalf of LTSS users</b><br>Enter the total number of grievances filed during the 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 | <b>Coordinated Care of Washington</b><br>N/A                  |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Community Health Plan of Washington</b><br>N/A             |
|         |                                                                                                                                                                                                                                                                                                                                                                     | <b>Molina Healthcare of Washington Incorporated</b><br>N/A    |

filed). If this does not apply, enter N/A.

**United Healthcare Community Plan**

N/A

**Wellpoint**

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 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

**Coordinated Care of Washington**

N/A

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

N/A

reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

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|                |                                                                                                                                                                                                       |                                                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>D1IV.14</b> | <b>Number of grievances for which timely resolution was provided</b>                                                                                                                                  | <b>Coordinated Care of Washington</b>               |
|                | 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. | 1,279                                               |
|                |                                                                                                                                                                                                       | <b>Community Health Plan of Washington</b>          |
|                |                                                                                                                                                                                                       | 2,063                                               |
|                |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington Incorporated</b> |
|                |                                                                                                                                                                                                       | 14,408                                              |
|                |                                                                                                                                                                                                       | <b>United Healthcare Community Plan</b>             |
|                |                                                                                                                                                                                                       | 2,393                                               |
|                |                                                                                                                                                                                                       | <b>Wellpoint</b>                                    |
|                |                                                                                                                                                                                                       | 946                                                 |

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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>Coordinated Care of Washington</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Community Health Plan of Washington</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Molina Healthcare of Washington Incorporated</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 not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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”. | 1                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>United Healthcare Community Plan</b>             |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Wellpoint</b>                                    |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                   |
| D1IV.15c | <b>Resolved grievances related to inpatient behavioral health services</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed                                                                                                                                                                                                                                                                                 | <b>Coordinated Care of Washington</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Community Health Plan of Washington</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Molina Healthcare of Washington Incorporated</b> |

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

0

**United Healthcare Community Plan**

3

**Wellpoint**

2

**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".

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

1

**Molina Healthcare of Washington Incorporated**

6

**United Healthcare Community Plan**

13

**Wellpoint**

1

**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".

**Coordinated Care of Washington**

1

**Community Health Plan of Washington**

51

**Molina Healthcare of Washington Incorporated**

2,043

**United Healthcare Community Plan**

2

**Wellpoint**

3

**D1IV.15f**

**Resolved grievances related to skilled nursing facility (SNF) services**

**Coordinated Care of Washington**

N/A

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".

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

6

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**D1IV.15g**

**Resolved grievances related to long-term services and supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

**Coordinated Care of Washington**

N/A

**Community Health Plan of Washington**

N/A

**Molina Healthcare of Washington Incorporated**

N/A

**United Healthcare Community Plan**

N/A

**Wellpoint**

N/A

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**D1IV.15h**

**Resolved grievances related to dental services**

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

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

61

**United Healthcare Community Plan**

0

|                 |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 |                                                                                                                                                                                                                                                                                                      | <b>Wellpoint</b><br>0                                                                                                                                                                                                                              |
| <b>D1IV.15i</b> | <b>Resolved grievances related to non-emergency medical transportation (NEMT)</b><br><br>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".                   | <b>Coordinated Care of Washington</b><br>2<br><br><b>Community Health Plan of Washington</b><br>2<br><br><b>Molina Healthcare of Washington Incorporated</b><br>8<br><br><b>United Healthcare Community Plan</b><br>0<br><br><b>Wellpoint</b><br>7 |
| <b>D1IV.15k</b> | <b>Resolved grievances related to durable medical equipment (DME) &amp; supplies</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A". | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>0<br><br><b>Molina Healthcare of Washington Incorporated</b><br>1<br><br><b>United Healthcare Community Plan</b><br>0<br><br><b>Wellpoint</b><br>0 |
| <b>D1IV.15l</b> | <b>Resolved grievances related to home health / hospice</b><br><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover                                                      | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>0                                                                                                                                                  |

this type of service, enter "N/A".

**Molina Healthcare of Washington Incorporated**

3

**United Healthcare Community Plan**

0

**Wellpoint**

0

**D1IV.15m**

**Resolved grievances related to emergency services / emergency department**

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

0

**D1IV.15n**

**Resolved grievances related to therapies**

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

7

|                 |                                                                                                                                                                                                                                                                                                            |                                                     |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>D1IV.15o</b> | <b>Resolved grievances related to other service types</b>                                                                                                                                                                                                                                                  | <b>Coordinated Care of Washington</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 above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A". | 1,302                                               |
|                 |                                                                                                                                                                                                                                                                                                            | <b>Community Health Plan of Washington</b>          |
|                 |                                                                                                                                                                                                                                                                                                            | 2,008                                               |
|                 |                                                                                                                                                                                                                                                                                                            | <b>Molina Healthcare of Washington Incorporated</b> |
|                 |                                                                                                                                                                                                                                                                                                            | 12,271                                              |
|                 |                                                                                                                                                                                                                                                                                                            | <b>United Healthcare Community Plan</b>             |
|                 |                                                                                                                                                                                                                                                                                                            | 2,311                                               |
|                 |                                                                                                                                                                                                                                                                                                            | <b>Wellpoint</b>                                    |
|                 |                                                                                                                                                                                                                                                                                                            | 744                                                 |

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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>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives. | <b>Coordinated Care of Washington</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 122                                                 |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Community Health Plan of Washington</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 393                                                 |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Molina Healthcare of Washington Incorporated</b> |
| D1IV.16b | <b>Resolved grievances related to plan or provider care management/case management</b><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. 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.         | 2,314                                               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>United Healthcare Community Plan</b>             |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 54                                                  |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Wellpoint</b>                                    |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 26                                                  |
| D1IV.16c | <b>Resolved grievances related to network adequacy or access to care/services from plan or provider</b><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to                                                                                                                                                                                                                        | <b>Coordinated Care of Washington</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Community Health Plan of Washington</b>          |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Molina Healthcare of Washington Incorporated</b> |
| D1IV.16c | <b>Resolved grievances related to network adequacy or access to care/services from plan or provider</b><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to                                                                                                                                                                                                                        | 155                                                 |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>United Healthcare Community Plan</b>             |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                   |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Wellpoint</b>                                    |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 52                                                  |
| D1IV.16c | <b>Resolved grievances related to network adequacy or access to care/services from plan or provider</b><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to                                                                                                                                                                                                                        | <b>Coordinated Care of Washington</b>               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17                                                  |

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**

180

**Molina Healthcare of  
Washington  
Incorporated**

3,227

**United Healthcare  
Community Plan**

57

**Wellpoint**

493

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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.

**Coordinated Care of  
Washington**

33

**Community Health  
Plan of Washington**

18

**Molina Healthcare of  
Washington  
Incorporated**

78

**United Healthcare  
Community Plan**

226

**Wellpoint**

38

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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 plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

**Coordinated Care of  
Washington**

20

**Community Health  
Plan of Washington**

32

**Molina Healthcare of  
Washington  
Incorporated**

1,322

**United Healthcare  
Community Plan**

1

**Wellpoint**

21

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**D1IV.16f      Resolved grievances related to  
payment or billing issues**

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

**Coordinated Care of  
Washington**

832

**Community Health  
Plan of Washington**

95

**Molina Healthcare of  
Washington  
Incorporated**

3,068

**United Healthcare  
Community Plan**

1,723

**Wellpoint**

222

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**D1IV.16g      Resolved grievances related to  
suspected fraud**

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

**Coordinated Care of  
Washington**

5

**Community Health  
Plan of Washington**

2

**Molina Healthcare of  
Washington  
Incorporated**

111

**United Healthcare  
Community Plan**

3

**Wellpoint**

3

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|                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1IV.16h</b> | <b>Resolved grievances related to abuse, neglect or exploitation</b><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.                                                                                                             | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>0<br><br><b>Molina Healthcare of Washington Incorporated</b><br>3<br><br><b>United Healthcare Community Plan</b><br>0<br><br><b>Wellpoint</b><br>2   |
| <b>D1IV.16i</b> | <b>Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)</b><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>Coordinated Care of Washington</b><br>3<br><br><b>Community Health Plan of Washington</b><br>2<br><br><b>Molina Healthcare of Washington Incorporated</b><br>2<br><br><b>United Healthcare Community Plan</b><br>186<br><br><b>Wellpoint</b><br>7 |
| <b>D1IV.16j</b> | <b>Resolved grievances related to plan denial of expedited appeal</b><br>Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of                                                                                  | <b>Coordinated Care of Washington</b><br>0<br><br><b>Community Health Plan of Washington</b><br>0                                                                                                                                                    |

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.

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

**Wellpoint**

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.

**Coordinated Care of Washington**

271

**Community Health Plan of Washington**

1,339

**Molina Healthcare of Washington Incorporated**

4,155

**United Healthcare Community Plan**

168

**Wellpoint**

91

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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 / 106

D2.VII.2 Measure Domain

Primary care access and preventative care

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

D2.VII.4 Measure Reporting and Programs

D2.VII.5

N/A

Program-specific rate

D2.VII.6 Measure Set

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

HEDIS

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Coordinated Care of Washington

83.2

Community Health Plan of Washington

84.7

Molina Healthcare of Washington Incorporated

77.8

United Healthcare Community Plan

81

Wellpoint

86.9



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling2 / 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

71.1

**Community Health Plan of Washington**

77.1

**Molina Healthcare of Washington Incorporated**

70.4

**United Healthcare Community Plan**

65.2



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

66.2

**Community Health Plan of Washington**

71.3

**Molina Healthcare of Washington Incorporated**

63.3

**United Healthcare Community Plan**

58.9

Wellpoint

69.8



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

78.4

**Community Health Plan of Washington**

66.4

**Molina Healthcare of Washington Incorporated**

61.3

**United Healthcare Community Plan**

69.1

**Wellpoint**

69.1



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

92.9

**Community Health Plan of Washington**

85.4

**Molina Healthcare of Washington Incorporated**

78.6

**United Healthcare Community Plan**

81.3

Wellpoint

82.5



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 106 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

91.2

**Community Health Plan of Washington**

83

**Molina Healthcare of Washington Incorporated**

76.2

**United Healthcare Community Plan**

80.3



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

92.2

**Community Health Plan of Washington**

84.9

**Molina Healthcare of Washington Incorporated**

77.9

**United Healthcare Community Plan**

80.3

Wellpoint

81.5



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 106**  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

92.7

**Community Health Plan of Washington**

87.1

**Molina Healthcare of Washington Incorporated**

79.3

**United Healthcare Community Plan**

82

Wellpoint

84.9



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106**  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

91

**Community Health Plan of Washington**

82

**Molina Healthcare of Washington Incorporated**

75.4

**United Healthcare Community Plan**

79.1

Wellpoint

81.8



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

77.4

**Community Health Plan of Washington**

66.4

**Molina Healthcare of Washington Incorporated**

60.8

**United Healthcare Community Plan**

66.9

Wellpoint

68.9



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

87.6

**Community Health Plan of Washington**

81.5

**Molina Healthcare of Washington Incorporated**

70.3

**United Healthcare Community Plan**

77.1

Wellpoint

80.3



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS) - Rotavirus** 15 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

74.7

**Community Health Plan of Washington**

65

**Molina Healthcare of Washington Incorporated**

60.6

**United Healthcare Community Plan**

61.6

Wellpoint

67.4



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS),/ 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

50.1

**Community Health Plan of Washington**

37.2

**Molina Healthcare of Washington Incorporated**

31.1

**United Healthcare Community Plan**

41.9

**Wellpoint**

40.6



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 106**  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

71.1

**Community Health Plan of Washington**

60.1

**Molina Healthcare of Washington Incorporated**

55

**United Healthcare Community Plan**

61.8

**Wellpoint**

62.8



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS), 106**  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

63

**Community Health Plan of Washington**

52.6

**Molina Healthcare of Washington Incorporated**

46.5

**United Healthcare Community Plan**

50.9

Wellpoint

54.5



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS)** 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

38.4

**Community Health Plan of Washington**

27.7

**Molina Healthcare of Washington Incorporated**

23.6

**United Healthcare Community Plan**

31.4



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

77.4

**Community Health Plan of Washington**

72.5

**Molina Healthcare of Washington Incorporated**

63.8

**United Healthcare Community Plan**

68.4



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMZ) / 106 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**Coordinated Care of Washington**  
88.3

**Community Health Plan of Washington**  
84.7

**Molina Healthcare of Washington Incorporated**  
79.3

**United Healthcare Community Plan**  
82.2

Wellpoint

77.9



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IM/A), HPV** 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

44.5

**Community Health Plan of Washington**

37

**Molina Healthcare of Washington Incorporated**

25.1

**United Healthcare Community Plan**

31.1

**Wellpoint**

31.6



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMZ)** 106  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

77.4

**Community Health Plan of Washington**

72.3

**Molina Healthcare of Washington Incorporated**

62

**United Healthcare Community Plan**

68.1



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) / 106**  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

43.3

**Community Health Plan of Washington**

36.5

**Molina Healthcare of Washington Incorporated**

23.6

**United Healthcare Community Plan**

30.9

Wellpoint

30.9



Complete

**D2.VII.1 Measure Name: Lead Screening in Children (LSC)** 22 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

48.4

**Community Health Plan of Washington**

50.9

**Molina Healthcare of Washington Incorporated**

39.7

**United Healthcare Community Plan**

32.6

Wellpoint



Complete

**D2.VII.1 Measure Name: Cervical Care Screening (CCS-E)** 23 / 106**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results****Coordinated Care of Washington**

46.8

**Community Health Plan of Washington**

43.3

**Molina Healthcare of Washington Incorporated**

50

**United Healthcare Community Plan**

44.7

Wellpoint

42.4



Complete

**D2.VII.1 Measure Name: Chlamydia Screening (CHL), Total** 24 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

51.8

**Community Health Plan of Washington**

49.6

**Molina Healthcare of Washington Incorporated**

49.6

**United Healthcare Community Plan**

49.3

Wellpoint



Complete

**D2.VII.1 Measure Name: Prenatal Immunization Status (PRSI) 106  
Combination**

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

32.3

**Community Health Plan of Washington**

30.9

**Molina Healthcare of Washington Incorporated**

25.3

**United Healthcare Community Plan**

27.6



Complete

**D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis**  
**(CWP), Total**

26 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**Coordinated Care of Washington**  
89.7

**Community Health Plan of Washington**  
88.6

**Molina Healthcare of Washington Incorporated**  
87.7

**United Healthcare Community Plan**  
85.8

Wellpoint

86.5



Complete

**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid** 27 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

79.1

**Community Health Plan of Washington**

72.5

**Molina Healthcare of Washington Incorporated**

77.3

**United Healthcare Community Plan**

76.4

Wellpoint

77.5



Complete

**D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator** 28 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

88.1

**Community Health Plan of Washington**

85.8

**Molina Healthcare of Washington Incorporated**

86

**United Healthcare Community Plan**

87.3

Wellpoint

88.1



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio (AMR) Total** 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

66.4

**Community Health Plan of Washington**

92.3

**Molina Healthcare of Washington Incorporated**

82.8

**United Healthcare Community Plan**

56.6

Wellpoint



Complete

**D2.VII.1 Measure Name: Controlling High Blood Pressure (CBBP)** 106**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results****Coordinated Care of Washington**

69.8

**Community Health Plan of Washington**

68.6

**Molina Healthcare of Washington Incorporated**

65.8

**United Healthcare Community Plan**

67.4

**Wellpoint**

60.1



Complete

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

31 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

56.4

**Community Health Plan of Washington**

49.1

**Molina Healthcare of Washington Incorporated**

53.9

**United Healthcare Community Plan**

55.6

Wellpoint

51.3



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Received Statin Therapy - Total** 32 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

79

**Community Health Plan of Washington**

82.1

**Molina Healthcare of Washington Incorporated**

81.7

**United Healthcare Community Plan**

80

**Wellpoint**

79.3



Complete

**D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Adherence 80% - Total** 33 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

65.6

**Community Health Plan of Washington**

70.6

**Molina Healthcare of Washington Incorporated**

72.7

**United Healthcare Community Plan**

71.1

**Wellpoint**

74.5



Complete

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

34 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

66.5

**Community Health Plan of Washington**

59.1

**Molina Healthcare of Washington Incorporated**

66.7

**United Healthcare Community Plan**

69.3

Wellpoint

66.4



Complete

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

35 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

47.3

**Community Health Plan of Washington**

44.5

**Molina Healthcare of Washington Incorporated**

48.5

**United Healthcare Community Plan**

50.6

**Wellpoint**

48.3



Complete

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

36 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

45.4

**Community Health Plan of Washington**

43

**Molina Healthcare of Washington Incorporated**

46.5

**United Healthcare Community Plan**

43.7

**Wellpoint**

40.5



Complete

**D2.VII.1 Measure Name: Follow-up Care for Children**

37 / 106

**Prescribed ADHD Medication (ADD-E), Continuation Phase**

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

53.2

**Community Health Plan of Washington**

53.4

**Molina Healthcare of Washington Incorporated**

54.9

**United Healthcare Community Plan**

51.3

**Wellpoint**

49.8



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for38 / 106  
Mental Illness (FUH), 30-day, Total**

**D2.VII.2 Measure Domain**

Behavioral health care

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

N/A

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

Program-specific rate

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

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

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

57.9

**Community Health Plan of Washington**

81.7

**Molina Healthcare of Washington Incorporated**

66.7

**United Healthcare Community Plan**

55.8

Wellpoint

49.3



Complete

**D2.VII.1 Measure Name: Follow-up after Hospitalization for Mental Illness (FUH), 7-day, Total** 39 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

38

**Community Health Plan of Washington**

67.2

**Molina Healthcare of Washington Incorporated**

43.3

**United Healthcare Community Plan**

36.1

Wellpoint

32.8



Complete

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

40 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

55.1

**Community Health Plan of Washington**

62.3

**Molina Healthcare of Washington Incorporated**

64.8

**United Healthcare Community Plan**

52

**Wellpoint**

47.4



Complete

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

41 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

39.4

**Community Health Plan of Washington**

47.5

**Molina Healthcare of Washington Incorporated**

50.9

**United Healthcare Community Plan**

38.2



**Complete** **D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 30-day, Total** 42 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results****Coordinated Care of Washington**

58.9

**Community Health Plan of Washington**

64.4

**Molina Healthcare of Washington Incorporated**

59.8

**United Healthcare Community Plan**

57.8

Wellpoint

52.6



Complete

**D2.VII.1 Measure Name: Follow-up after High Intensity Care for Substance Use Disorder (FUI), 7-day, Total** 43 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**Coordinated Care of Washington**  
38.9

**Community Health Plan of Washington**  
46.4

**Molina Healthcare of Washington Incorporated**  
41.4

**United Healthcare Community Plan**  
40

**Wellpoint**

33.4



Complete

**D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder (POD), Total** 44 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

14.2

**Community Health Plan of Washington**

14.7

**Molina Healthcare of Washington Incorporated**

16

**United Healthcare Community Plan**

14.5

Wellpoint

16.6



Complete

**D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication (SSD)** 45 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

77.7

**Community Health Plan of Washington**

80.5

**Molina Healthcare of Washington Incorporated**

82.2

**United Healthcare Community Plan**

81.7

✔

Complete

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

46 / 106

D2.VII.2 Measure Domain

Care of acute and chronic conditions

|                                              |                                         |          |
|----------------------------------------------|-----------------------------------------|----------|
| D2.VII.3 National Quality Forum (NQF) number | D2.VII.4 Measure Reporting and Programs | D2.VII.5 |
| N/A                                          | Program-specific rate                   |          |

|                      |                                |                                        |
|----------------------|--------------------------------|----------------------------------------|
| D2.VII.6 Measure Set | D2.VII.7a Reporting Period and | D2.VII.7b Reporting period: Date range |
| HEDIS                | No, 01/01/2024 - 12/31/2024    |                                        |

D2.VII.8 Measure Description

N/A

Measure results

Coordinated Care of Washington

55.1

Community Health Plan of Washington

62.1

Molina Healthcare of Washington Incorporated

68.7

United Healthcare Community Plan

63.5

Wellpoint

65.3



Complete

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

47 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

68

**Community Health Plan of Washington**

65

**Molina Healthcare of Washington Incorporated**

69.3

**United Healthcare Community Plan**

69.3

Wellpoint

69.6



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total** 48 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

35.6

**Community Health Plan of Washington**

24.7

**Molina Healthcare of Washington Incorporated**

29.2

**United Healthcare Community Plan**

27.6



**D2.VII.1 Measure Name: Use of Opioids at High Dose (HDO)** 49 / 106  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

4.7

**Community Health Plan of Washington**

2.8

**Molina Healthcare of Washington Incorporated**

4.2

**United Healthcare Community Plan**

8.5

Wellpoint

3.5



Complete

**D2.VII.1 Measure Name: Use of Opioids from Multiple**

50 / 106

**Prescribers and Multiple Pharmacies (UOP) (lower 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

2.6

**Community Health Plan of Washington**

2.4

**Molina Healthcare of Washington Incorporated**

2.6

**United Healthcare Community Plan**

2.8



Complete

**D2.VII.1 Measure Name: Risk of Continued Opioid Use (COU)** 1 / 106  
**At least 31 days, Total (lower 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

2.1

**Community Health Plan of Washington**

2.1

**Molina Healthcare of Washington Incorporated**

2.2

**United Healthcare Community Plan**

2.9



Complete

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

52 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

70.8

**Community Health Plan of Washington**

71.4

**Molina Healthcare of Washington Incorporated**

74.8

**United Healthcare Community Plan**

71.5

Wellpoint

66.2



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)** / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

84.9

**Community Health Plan of Washington**

87.8

**Molina Healthcare of Washington Incorporated**

89.1

**United Healthcare Community Plan**

83.9

Wellpoint

83.7



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)** 54 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

83.2

**Community Health Plan of Washington**

88.3

**Molina Healthcare of Washington Incorporated**

84.4

**United Healthcare Community Plan**

80.8

Wellpoint

78.6



Complete

**D2.VII.1 Measure Name: Use of First line Psychosocial Care for Children and Adolescent on Antipsychotics (APP), Total** 95 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

61.9

**Community Health Plan of Washington**

63.3

**Molina Healthcare of Washington Incorporated**

59

**United Healthcare Community Plan**

75.3

Wellpoint

63.7



Complete

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

56 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

3.6

**Community Health Plan of Washington**

3.7

**Molina Healthcare of Washington Incorporated**

2.3

**United Healthcare Community Plan**

3

**Wellpoint**

2.9



Complete

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

57 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

5.6

**Community Health Plan of Washington**

4.6

**Molina Healthcare of Washington Incorporated**

.1

**United Healthcare Community Plan**

4.2

## Wellpoint

4.1



Complete

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

58 / 106

#### **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, 01/01/2024 - 12/31/2024

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

N/A

#### **Measure results**

##### **Coordinated Care of Washington**

3.6

##### **Community Health Plan of Washington**

3.1

##### **Molina Healthcare of Washington Incorporated**

.1

##### **United Healthcare Community Plan**

3.5

**Wellpoint**

1.9



Complete

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

59 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

0.0%

**Community Health Plan of Washington**

1.1%

**Molina Healthcare of Washington Incorporated**

.1%

**United Healthcare Community Plan**

.5%

Wellpoint

.3%



Complete

**D2.VII.1 Measure Name: Kidney Health Evaluation for Patients with Diabetes (KED), Total** 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

46

**Community Health Plan of Washington**

41.7

**Molina Healthcare of Washington Incorporated**

43.6

**United Healthcare Community Plan**

46.8



**D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), First 15 months** 61 / 106

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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

61.1

**Community Health Plan of Washington**

62.2

**Molina Healthcare of Washington Incorporated**

61

**United Healthcare Community Plan**

62.8

**Wellpoint**

59.7



**D2.VII.1 Measure Name: Well-child Visits in the first 30 months of life (W30), 15-30 months** 62 / 106

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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

68.9

**Community Health Plan of Washington**

66.9

**Molina Healthcare of Washington Incorporated**

69.6

**United Healthcare Community Plan**

69.7

Wellpoint

67.2



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV), Total** 65 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

53.2

**Community Health Plan of Washington**

49.1

**Molina Healthcare of Washington Incorporated**

52.8

**United Healthcare Community Plan**

48.3



Complete

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

64 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

41.8%

**Community Health Plan of Washington**

.5%

**Molina Healthcare of Washington Incorporated**

9.1%

**United Healthcare Community Plan**

9.1%

**Wellpoint**

16.8%



Complete

**D2.VII.1 Measure Name: Postpartum Depression Screening 65 / 106**  
**and Follow-Up (PDS-E), Depression screening**

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

6.1

**Community Health Plan of Washington**

.4

**Molina Healthcare of Washington Incorporated**

4.3

**United Healthcare Community Plan**

2.3



Complete

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

66 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

45.4

**Community Health Plan of Washington**

43

**Molina Healthcare of Washington Incorporated**

46.5

**United Healthcare Community Plan**

43.7

**Wellpoint**

40.5



Complete

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

67 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

53.2

**Community Health Plan of Washington**

53.4

**Molina Healthcare of Washington Incorporated**

54.9

**United Healthcare Community Plan**

51.3

Wellpoint

49.8



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E)** 68 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

50.9

**Community Health Plan of Washington**

48.8

**Molina Healthcare of Washington Incorporated**

50.5

**United Healthcare Community Plan**

47.1

Wellpoint

✓

Complete

D2.VII.1 Measure Name: "Depression Screening and Follow-up for Adolescents and Adults (DSF-E), Depression Screening, Total "

64 / 106

D2.VII.2 Measure Domain

Behavioral health care

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

D2.VII.4 Measure Reporting and Programs

D2.VII.5

N/A

Program-specific rate

D2.VII.6 Measure Set

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

HEDIS

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Coordinated Care of Washington

9.5%

Community Health Plan of Washington

1%

Molina Healthcare of Washington Incorporated

6.7%

United Healthcare Community Plan

.5%

Wellpoint

✓

Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic status >9% (Note that a lower score is better for this measure)

70 / 106

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Coordinated Care of Washington

31.1

Community Health Plan of Washington

34.8

Molina Healthcare of Washington Incorporated

33.6

United Healthcare Community Plan

31.1

Wellpoint



Complete

**D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status < 8%** 71 / 106**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results****Coordinated Care of Washington**

59.1

**Community Health Plan of Washington**

54

**Molina Healthcare of Washington Incorporated**

58.2

**United Healthcare Community Plan**

58.4



Complete

**D2.VII.1 Measure Name: Eye Exam for Patients with Diabetes (EED)** 92 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

51.6

**Community Health Plan of Washington**

56.2

**Molina Healthcare of Washington Incorporated**

51.3

**United Healthcare Community Plan**

45



Complete

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

3 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

78.1

**Community Health Plan of Washington**

76.2

**Molina Healthcare of Washington Incorporated**

73.5

**United Healthcare Community Plan**

75.2

Wellpoint

69.3



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total** 74 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

35.9

**Community Health Plan of Washington**

43.8

**Molina Healthcare of Washington Incorporated**

44.6

**United Healthcare Community Plan**

39.9

Wellpoint

35.8



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total** 75 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

24

**Community Health Plan of Washington**

30.1

**Molina Healthcare of Washington Incorporated**

30.5

**United Healthcare Community Plan**

28



Complete

**D2.VII.1 Measure Name: Use of Imaging Studies for Low Back Pain (LBP), Total** 16 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

72.9

**Community Health Plan of Washington**

75.3

**Molina Healthcare of Washington Incorporated**

69.1

**United Healthcare Community Plan**

72.2

Wellpoint

69.6



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, Total** 77 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

41.5

**Community Health Plan of Washington**

36.7

**Molina Healthcare of Washington Incorporated**

43.8

**United Healthcare Community Plan**

42.3

Wellpoint

41.5



Complete

**D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total** 78 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

13.4

**Community Health Plan of Washington**

12.4

**Molina Healthcare of Washington Incorporated**

13.2

**United Healthcare Community Plan**

11.8



**D2.VII.1 Measure Name: Diagnosed Mental Health Disorders (DMH), Total** 9 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

30.2

**Community Health Plan of Washington**

25.4

**Molina Healthcare of Washington Incorporated**

29.2

**United Healthcare Community Plan**

29.3

Wellpoint

27.8



Complete

**D2.VII.1 Measure Name: Antibiotic Utilizations for Respiratory Conditions (AXR), Total** 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

22.3

**Community Health Plan of Washington**

20.4

**Molina Healthcare of Washington Incorporated**

23.8

**United Healthcare Community Plan**

22.7

Wellpoint

21.9



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-01 / 106**

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

39.1

**Community Health Plan of Washington**

34.5

**Molina Healthcare of Washington Incorporated**

39.6

**United Healthcare Community Plan**

37.8



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR)**82 / 106  
**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

1.09

**Community Health Plan of Washington**

1.05

**Molina Healthcare of Washington Incorporated**

1.01

**United Healthcare Community Plan**

1.06

**Wellpoint**

1.03



Complete

**D2.VII.1 Measure Name: Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total** 83 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

37.7

**Community Health Plan of Washington**

53

**Molina Healthcare of Washington Incorporated**

46.5

**United Healthcare Community Plan**

22.6

**Wellpoint**

39.9



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),**84 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

18.9

**Community Health Plan of Washington**

18.2

**Molina Healthcare of Washington Incorporated**

17

**United Healthcare Community Plan**

18.6

**Wellpoint**

15.1



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),85 / 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

58.9

**Community Health Plan of Washington**

57

**Molina Healthcare of Washington Incorporated**

58.6

**United Healthcare Community Plan**

57.2

**Wellpoint**

52.6



**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),86 / 106**  
**Complete Zoster**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

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

Program-specific rate

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

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

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

20.6

**Community Health Plan of Washington**

19.7

**Molina Healthcare of Washington Incorporated**

20.2

**United Healthcare Community Plan**

21.7



Complete

**D2.VII.1 Measure Name: Adult Immunization Status (AIS-E),87 / 106  
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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

55.1

**Community Health Plan of Washington**

51.8

**Molina Healthcare of Washington Incorporated**

61.6

**United Healthcare Community Plan**

54

Wellpoint

46.3



**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total** 88 / 106

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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

75.7

**Community Health Plan of Washington**

73.9

**Molina Healthcare of Washington Incorporated**

68.6

**United Healthcare Community Plan**

69.2

Wellpoint

75.4



Complete

**D2.VII.1 Measure Name: Appropriate Treatment for Upper Respiratory Infection (URI), Total** 89 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

95.2

**Community Health Plan of Washington**

95.2

**Molina Healthcare of Washington Incorporated**

94.5

**United Healthcare Community Plan**

93



Complete

**D2.VII.1 Measure Name: Nonrecommended Cervical Cancer Screening in Adolescent Females (NCS) (lower score is better)** 90 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

0

**Community Health Plan of Washington**

0

**Molina Healthcare of Washington Incorporated**

0

**United Healthcare Community Plan**

0

Wellpoint

0



Complete

**D2.VII.1 Measure Name: (SPD), Received Statin Therapy**

91 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

66

**Community Health Plan of Washington**

66.7

**Molina Healthcare of Washington Incorporated**

63.9

**United Healthcare Community Plan**

67.3

Wellpoint



Complete

**D2.VII.1 Measure Name: (SPD),Statin Adherence 80%**

92 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

65.3

**Community Health Plan of Washington**

68.1

**Molina Healthcare of Washington Incorporated**

71.1

**United Healthcare Community Plan**

69.9

Wellpoint

69.5



Complete

**D2.VII.1 Measure Name: Substance Use Disorder Treatment Rate (SUD), 12-64 Years** 93 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**Coordinated Care of Washington**  
38.7

**Community Health Plan of Washington**  
38.1

**Molina Healthcare of Washington Incorporated**  
39.5

**United Healthcare Community Plan**  
41.1

Wellpoint

39.5



Complete

**D2.VII.1 Measure Name: Mental Health Treatment Rate (MH-4 / 106 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

60.3

**Community Health Plan of Washington**

57.2

**Molina Healthcare of Washington Incorporated**

58.7

**United Healthcare Community Plan**

56.1

**Wellpoint**

56.5



Complete

**D2.VII.1 Measure Name: Home and Community-Based Long**95 / 106  
**Term Services and Supports Use (HCBS), 18-64 Years**

**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 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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

93.7

**Community Health Plan of Washington**

95.1

**Molina Healthcare of Washington Incorporated**

96.2

**United Healthcare Community Plan**

94.3

Wellpoint

93.2



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)**

96 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

8.9

**Community Health Plan of Washington**

9.8

**Molina Healthcare of Washington Incorporated**

8.4

**United Healthcare Community Plan**

10.7

**Wellpoint**

12.8



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)** 97 / 106

**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, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

10.5

**Community Health Plan of Washington**

11.4

**Molina Healthcare of Washington Incorporated**

9.9

**United Healthcare Community Plan**

12.1

Wellpoint

14.6



Complete

**D2.VII.1 Measure Name: "Low-Risk Cesarean Delivery (LRCD)"** 8 / 106  
Total (note that a lower score is better for this measure.)"

**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**  
CMS Core Measure

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

No, 01/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Coordinated Care of Washington**

23.5

**Community Health Plan of Washington**

22.7

**Molina Healthcare of Washington Incorporated**

23.8

**United Healthcare Community Plan**

27.7

## Wellpoint

23.1



Complete

**D2.VII.1 Measure Name: Getting Needed Care (Composite), 99 / 106**

**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**

#### **Coordinated Care of Washington**

74

#### **Community Health Plan of Washington**

75.2

#### **Molina Healthcare of Washington Incorporated**

76

#### **United Healthcare Community Plan**

76.2



Complete

**D2.VII.1 Measure Name: Getting Care Quickly (Composite)**100 / 106**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****Coordinated Care of Washington**

78

**Community Health Plan of Washington**

74.2

**Molina Healthcare of Washington Incorporated**

75.3

**United Healthcare Community Plan**

75.8

## Wellpoint

70.4



**D2.VII.1 Measure Name: How Well Doctors Communicate** 101 / 106  
**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

#### Coordinated Care of Washington

90.7

#### Community Health Plan of Washington

92.8

#### Molina Healthcare of Washington Incorporated

91.4

#### United Healthcare Community Plan

93.4

Wellpoint

93.4



Complete

**D2.VII.1 Measure Name: Customer Service (Composite), Adult** 101 / 106

**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**

**Coordinated Care of Washington**

91

**Community Health Plan of Washington**

84.4

**Molina Healthcare of Washington Incorporated**

92.5

**United Healthcare Community Plan**

81.4

Wellpoint



Complete

**D2.VII.1 Measure Name: Getting Need Care (Composite), Child** 103 / 106

**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**
**Coordinated Care of Washington**

69.8

**Community Health Plan of Washington**

75.1

**Molina Healthcare of Washington Incorporated**

80.5

**United Healthcare Community Plan**

71.2

**Wellpoint**

82.6



Complete

**D2.VII.1 Measure Name: Getting Care Quickly (Composite)**104 / 106  
**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**

**Coordinated Care of Washington**

78.1

**Community Health Plan of Washington**

76.6

**Molina Healthcare of Washington Incorporated**

85.1

**United Healthcare Community Plan**

85.5



**D2.VII.1 Measure Name: How Well Doctors Communicate** 105 / 106  
**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**

**Coordinated Care of Washington**

90.5

**Community Health Plan of Washington**

92.6

**Molina Healthcare of Washington Incorporated**

94.2

**United Healthcare Community Plan**

90.6

Wellpoint

95.5



Complete

**D2.VII.1 Measure Name: Customer Service (Composite), Child** 106 / 106

**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**

**Coordinated Care of Washington**

82

**Community Health Plan of Washington**

83.6

**Molina Healthcare of Washington Incorporated**

88.3

**United Healthcare Community Plan**

84.6

Wellpoint

## **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. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

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: Liquidated damages**

1 / 10

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

The SMA identified an overpayment by MHW to a provider or subcontractor that was not first identified and reported by MHW,

**D3.VIII.3 Plan name**

Molina Healthcare of Washington Incorporated

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

MHW improperly paid for hospice services for an enrollee whose medical record documentation did not support the eligibility requirements for hospice services.

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

1

**D3.VIII.6 Sanction amount**

\$84,546.90

**D3.VIII.7 Date assessed**

08/26/2025

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

Yes, remediated 09/09/2025

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

Yes



Complete

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

2 / 10

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

Quality measure performance (e.g.,

**D3.VIII.3 Plan name**

Wellpoint

failure to meet  
benchmarks or make  
progress on  
performance  
improvement  
projects)

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

WLP remains out of compliance in one issue pertaining to Coverage and Authorization. Additionally, WLP showed a significant number of non-compliant findings in other areas of the 2024 TM review.

**Sanction details**

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

**D3.VIII.6 Sanction amount**  
\$500,000

**D3.VIII.7 Date assessed**  
01/13/2025

**D3.VIII.8 Remediation date non-compliance was corrected**  
Yes, remediated 01/13/2025

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

 Complete

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

3 / 10

**D3.VIII.2 Plan performance issue**  
Quality measure  
performance (e.g.,  
failure to meet  
benchmarks or make  
progress on  
performance  
improvement  
projects)

**D3.VIII.3 Plan name**  
Coordinated Care of Washington

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

WISe - CCW has not met contractual requirements for caseload targets in three RSAs (North Central IMC, North Central IFC, Spokane IFC) as of November 30, 2024. Also, CCW has not met contractual requirements for service intensity in Greater Columbia RSA.

**Sanction details**

|                                              |                                  |
|----------------------------------------------|----------------------------------|
| <b>D3.VIII.5 Instances of non-compliance</b> | <b>D3.VIII.6 Sanction amount</b> |
| 1                                            | \$200,000                        |

|                                |                                                                |
|--------------------------------|----------------------------------------------------------------|
| <b>D3.VIII.7 Date assessed</b> | <b>D3.VIII.8 Remediation date non-compliance was corrected</b> |
| 02/26/2025                     | Yes, remediated 02/26/2025                                     |

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

✔  
Complete

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

4 / 10

|                                                                                                                     |                                              |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>D3.VIII.2 Plan performance issue</b>                                                                             | <b>D3.VIII.3 Plan name</b>                   |
| Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects) | Molina Healthcare of Washington Incorporated |

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

WISe - MHW has not met contractual requirements for service intensity in the Greater Columbia RSA.

**Sanction details**

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

1

**D3.VIII.6 Sanction amount**

\$50,000

**D3.VIII.7 Date assessed**

02/26/2025

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

Yes, remediated 02/26/2025

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

Yes



Complete

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

5 / 10

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

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

**D3.VIII.3 Plan name**

Community Health Plan of Washington

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

WISe - CHPW has not met contractual requirements for caseload targets in one RSA (North Central) as of November 30, 2024, and for service intensity in Greater Columbia RSA.

**Sanction details**

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

2

**D3.VIII.6 Sanction amount**

\$100,000

**D3.VIII.7 Date assessed**

02/26/2025

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

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

Yes



Complete

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

6 / 10

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

Wellpoint

Quality measure  
performance (e.g.,  
failure to meet  
benchmarks or make  
progress on  
performance  
improvement  
projects)

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

WISe - WLP has not met contractual requirements for caseload targets in two RSAs (North Central, Spokane) as of November 30, 2024, and for service intensity in Greater Columbia RSA.

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

5

**D3.VIII.6 Sanction amount**

\$150,000

**D3.VIII.7 Date assessed**

02/26/2025

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

Yes, remediated 02/26/2025

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

Yes



Complete

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

7 / 10

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

Quality measure  
performance (e.g.,  
failure to meet  
benchmarks or make  
progress on  
performance  
improvement  
projects)

**D3.VIII.3 Plan name**

Community Health Plan of Washington

### D3.VIII.4 Reason for intervention

WISe - CCW has not met contractual requirements for caseload targets in three RSAs (North Central IMC, North Central IFC, Spokane IFC) as of November 30, 2024. Also, CCW has not met contractual requirements for service intensity in Greater Columbia RSA.

### Sanction details

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

2

**D3.VIII.6 Sanction amount**

\$50,000

**D3.VIII.7 Date assessed**

04/01/2025

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

Yes, remediated 04/01/2025

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

Yes



Complete

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

8 / 10

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

**D3.VIII.3 Plan name**

Wellpoint

Quality measure  
performance (e.g.,  
failure to meet  
benchmarks or make  
progress on  
performance  
improvement  
projects)

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

The issues pertain to Sections 7.1.4.2 and 7.1.4.3 of the Contract regarding WLP’s underperformance in the Apple Health Plan Report Card compared to peer managed care organizations (MCOs).

**Sanction details**

|                                              |                                                                |
|----------------------------------------------|----------------------------------------------------------------|
| <b>D3.VIII.5 Instances of non-compliance</b> | <b>D3.VIII.6 Sanction amount</b>                               |
| 5                                            | \$100,000                                                      |
| <b>D3.VIII.7 Date assessed</b>               | <b>D3.VIII.8 Remediation date non-compliance was corrected</b> |
| 10/10/2025                                   | Remediation in progress                                        |
| <b>D3.VIII.9 Corrective action plan</b>      |                                                                |
| Yes                                          |                                                                |

✔  
Complete

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

9 / 10

|                                                                                                              |                            |
|--------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>D3.VIII.2 Plan performance issue</b>                                                                      | <b>D3.VIII.3 Plan name</b> |
| Quality measure<br>performance (e.g.,<br>failure to meet<br>benchmarks or make<br>progress on<br>performance | Wellpoint                  |

improvement projects)

D3.VIII.4 Reason for intervention

WLP violated Section 6.1.8.1 on your 4th quarter 2025 network submission. HCA did not receive an accurate or complete provider network submission.

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

5

\$100,000

D3.VIII.7 Date assessed

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

11/14/2025

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

✔

Complete

D3.VIII.1 Intervention type: Liquidated damages

10 / 10

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

Wellpoint

D3.VIII.4 Reason for intervention

Sanctions are imposed due to failure to comply with Section 7.1.4.3 of the Contract due to the delay from WLP in CAP submission and sanction payment.

**Sanction details**

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

5

**D3.VIII.6 Sanction amount**

\$5,000

**D3.VIII.7 Date assessed**

12/26/2025

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

Remediation in progress

**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>Coordinated Care of Washington</b><br>4.75              |
|        |                                                                                                                                                                                                       | <b>Community Health Plan of Washington</b><br>14           |
|        |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington Incorporated</b><br>27  |
|        |                                                                                                                                                                                                       | <b>United Healthcare Community Plan</b><br>5               |
|        |                                                                                                                                                                                                       | <b>Wellpoint</b><br>6                                      |
| 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>Coordinated Care of Washington</b><br>205               |
|        |                                                                                                                                                                                                       | <b>Community Health Plan of Washington</b><br>360          |
|        |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington Incorporated</b><br>169 |
|        |                                                                                                                                                                                                       | <b>United Healthcare Community Plan</b><br>454             |
|        |                                                                                                                                                                                                       | <b>Wellpoint</b><br>361                                    |
| D1X.4  | <b>Count of resolved program integrity investigations</b><br>How many program integrity investigations were resolved by the plan during the reporting year?                                           | <b>Coordinated Care of Washington</b><br>206               |
|        |                                                                                                                                                                                                       | <b>Community Health Plan of Washington</b><br>303          |
|        |                                                                                                                                                                                                       | <b>Molina Healthcare of Washington Incorporated</b><br>176 |

**United Healthcare Community Plan**  
550

**Wellpoint**  
422

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**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.

**Coordinated Care of Washington**

Makes referrals to the SMA and MFCU concurrently

**Community Health Plan of Washington**

Makes referrals to the SMA and MFCU concurrently

**Molina Healthcare of Washington Incorporated**

Makes referrals to the SMA and MFCU concurrently

**United Healthcare Community Plan**

Makes referrals to the SMA and MFCU concurrently

**Wellpoint**

Makes referrals to the SMA and MFCU concurrently

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|              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                       |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1X.7</b> | <b>Count of program integrity referrals to the state</b><br><br>Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals. | <b>Coordinated Care of Washington</b><br>1<br><br><b>Community Health Plan of Washington</b><br>3<br><br><b>Molina Healthcare of Washington Incorporated</b><br>26<br><br><b>United Healthcare Community Plan</b><br>10<br><br><b>Wellpoint</b><br>12 |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1X.9a:</b> | <b>Plan overpayment reporting to the state: Start Date</b><br><br>What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state? | <b>Coordinated Care of Washington</b><br>01/01/2025<br><br><b>Community Health Plan of Washington</b><br>01/01/2025<br><br><b>Molina Healthcare of Washington Incorporated</b><br>01/01/2025<br><br><b>United Healthcare Community Plan</b><br>01/01/2025<br><br><b>Wellpoint</b><br>01/01/2025 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|                |                                                                                                                                                                                               |                                                                                                                                                                                                                                             |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1X.9b:</b> | <b>Plan overpayment reporting to the state: End Date</b><br><br>What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state? | <b>Coordinated Care of Washington</b><br>12/31/2025<br><br><b>Community Health Plan of Washington</b><br>12/31/2025<br><br><b>Molina Healthcare of Washington Incorporated</b><br>12/31/2025<br><br><b>United Healthcare Community Plan</b> |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

12/31/2025

**Wellpoint**

12/31/2025

**D1X.9c: Plan overpayment reporting to the state: Dollar amount**  
From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

**Coordinated Care of Washington**

\$1,654,157.48

**Community Health Plan of Washington**

\$9,766,062.18

**Molina Healthcare of Washington Incorporated**

\$92,099,213.70

**United Healthcare Community Plan**

\$25,461,290.33

**Wellpoint**

\$20,871,866.34

**D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue**  
What is the total amount of premium revenue for the corresponding reporting period (D1X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

**Coordinated Care of Washington**

\$0

**Community Health Plan of Washington**

\$0

**Molina Healthcare of Washington Incorporated**

\$0

**United Healthcare Community Plan**

\$0

**Wellpoint**

\$0

**D1X.10 Changes in beneficiary circumstances**  
Select the frequency the plan reports changes in beneficiary circumstances to the state.

**Coordinated Care of Washington**

Promptly when plan receives information about the change

**Community Health Plan of Washington**

Promptly when plan receives  
information about the change

**Molina Healthcare of Washington  
Incorporated**

Promptly when plan receives  
information about the change

**United Healthcare Community Plan**

Promptly when plan receives  
information about the change

**Wellpoint**

Promptly when plan receives  
information about the change

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## **Topic XI: ILOS**

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                                                                                            |
|---------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>D4XI.1</b> | <b>ILOSs offered by plan</b><br>Indicate whether this plan offered any ILOS to their enrollees. | <b>Coordinated Care of Washington</b><br>Yes, at least 1 ILOS is offered by this plan               |
|               |                                                                                                 | <b>Community Health Plan of Washington</b><br>Yes, at least 1 ILOS is offered by this plan          |
|               |                                                                                                 | <b>Molina Healthcare of Washington Incorporated</b><br>Yes, at least 1 ILOS is offered by this plan |
|               |                                                                                                 | <b>United Healthcare Community Plan</b><br>Yes, at least 1 ILOS is offered by this plan             |
|               |                                                                                                 | <b>Wellpoint</b><br>Yes, at least 1 ILOS is offered by this plan                                    |

|                |                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>D4XI.2a</b> | <b>ILOSs utilization by plan</b><br>Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0". | <b>Coordinated Care of Washington</b><br>Intensive Behavioral Supportive Supervision (IBSS): 135               |
|                |                                                                                                                                                                                                                                                                                                                                                                | <b>Community Health Plan of Washington</b><br>Intensive Behavioral Supportive Supervision (IBSS): 63           |
|                |                                                                                                                                                                                                                                                                                                                                                                | <b>Molina Healthcare of Washington Incorporated</b><br>Intensive Behavioral Supportive Supervision (IBSS): 372 |
|                |                                                                                                                                                                                                                                                                                                                                                                | <b>United Healthcare Community Plan</b><br>Intensive Behavioral Supportive Supervision (IBSS): 90              |
|                |                                                                                                                                                                                                                                                                                                                                                                | <b>Wellpoint</b>                                                                                               |

## 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>                                                                                                                                                                                                                  | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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>Coordinated Care of Washington</b></p> <p><a href="https://www.coordinatedcarehealth.com/providers/resources/prior-authorization.html">https://www.coordinatedcarehealth.com/providers/resources/prior-authorization.html</a></p> <p><b>Community Health Plan of Washington</b></p> <p><a href="https://www.chpw.org/member-center/prior-authorization-and-um/prior-authorization-report/">https://www.chpw.org/member-center/prior-authorization-and-um/prior-authorization-report/</a></p> <p><b>Molina Healthcare of Washington Incorporated</b></p> <p><a href="https://www.molinahealthcare.com/providers/wa/medicaid/resource/Utilization-Management.aspx">https://www.molinahealthcare.com/providers/wa/medicaid/resource/Utilization-Management.aspx</a></p> <p><b>United Healthcare Community Plan</b></p> <p><a href="https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/wa/prior-authorization/WA-UHCCP-PA-Summary-2026.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/wa/prior-authorization/WA-UHCCP-PA-Summary-2026.pdf</a></p> <p><b>Wellpoint</b></p> <p><a href="https://www.wellpoint.com/wa/medicaid">https://www.wellpoint.com/wa/medicaid</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>Coordinated Care of Washington</b></p> <p><a href="https://www.coordinatedcarehealth.com/providers/resources/prior-authorization.html">https://www.coordinatedcarehealth.com/providers/resources/prior-authorization.html</a></p> <p><b>Community Health Plan of Washington</b></p> <p><a href="https://www.chpw.org/member-center/prior-authorization-and-um/prior-authorization-report/">https://www.chpw.org/member-center/prior-authorization-and-um/prior-authorization-report/</a></p> <p><b>Molina Healthcare of Washington Incorporated</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

<https://www.wellpoint.com/wa/medicaid>

**United Healthcare Community Plan**

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/wa/prior-authorization/WA-UHCCP-PA-Summary-2026.pdf>

**Wellpoint**

<https://www.wellpoint.com/wa/medicaid>

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**D1XIII.3**

**Total standard prior authorization requests received**

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.

**Coordinated Care of Washington**

55215

**Community Health Plan of Washington**

117265

**Molina Healthcare of Washington Incorporated**

139980

**United Healthcare Community Plan**

44673

**Wellpoint**

67795

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**D1XIII.4**

**Total expedited prior authorization requests received**

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.

**Coordinated Care of Washington**

1116

**Community Health Plan of Washington**

8240

**Molina Healthcare of Washington Incorporated**

15716

**United Healthcare Community Plan**

1067

**Wellpoint**

|                 |                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                          |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D1XIII.5</b> | <b>Total standard and expedited prior authorization requests received</b> <p>Enter the total number of standard and expedited prior authorization requests received (D1.XIII.3 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.</p> | <b>Coordinated Care of Washington</b><br>56331<br><br><b>Community Health Plan of Washington</b><br>125505<br><br><b>Molina Healthcare of Washington Incorporated</b><br>155696<br><br><b>United Healthcare Community Plan</b><br>45740<br><br><b>Wellpoint</b><br>72180 |
| <b>D1XIII.6</b> | <b>Percentage of standard prior authorization requests that were approved</b> <p>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.</p>                              | <b>Coordinated Care of Washington</b><br>78.67%<br><br><b>Community Health Plan of Washington</b><br>86.7%<br><br><b>Molina Healthcare of Washington Incorporated</b><br>84%<br><br><b>United Healthcare Community Plan</b><br>92%<br><br><b>Wellpoint</b><br>89.7%      |
| <b>D1XIII.7</b> | <b>Percentage of standard prior authorization requests that were denied</b> <p>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</p>                                                                       | <b>Coordinated Care of Washington</b><br>21.33%<br><br><b>Community Health Plan of Washington</b><br>13.3%<br><br><b>Molina Healthcare of Washington Incorporated</b>                                                                                                    |

prior to June 2026, enter  
"NR" for not reporting.

16%

**United Healthcare Community  
Plan**

8%

**Wellpoint**

10.3%

---

**D1XIII.8**

**Percentage of standard  
prior authorization  
requests approved after  
appeal**

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.

**Coordinated Care of Washington**

65.09%

**Community Health Plan of  
Washington**

50.1%

**Molina Healthcare of Washington  
Incorporated**

54%

**United Healthcare Community  
Plan**

29%

**Wellpoint**

27.9%

---

**D1XIII.9**

**Average time to decision  
for standard prior  
authorizations**

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.

**Coordinated Care of Washington**

3

**Community Health Plan of  
Washington**

96.97

**Molina Healthcare of Washington  
Incorporated**

2

**United Healthcare Community  
Plan**

1.8

**Wellpoint**

2

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**D1XIII.10**

**Median time to decision  
on standard prior  
authorizations**

**Coordinated Care of Washington**

1

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**

45

**Molina Healthcare of Washington Incorporated**

1

**United Healthcare Community Plan**

1

**Wellpoint**

1

---

**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.

**Coordinated Care of Washington**

78.14%

**Community Health Plan of Washington**

92.5%

**Molina Healthcare of Washington Incorporated**

83%

**United Healthcare Community Plan**

95%

**Wellpoint**

95.7%

---

**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.

**Coordinated Care of Washington**

21.86%

**Community Health Plan of Washington**

7.7%

**Molina Healthcare of Washington Incorporated**

17%

**United Healthcare Community Plan**

5%

|                  |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |                                                                                                                                                                                                                                                                                                                                                | <b>Wellpoint</b><br>4.3%                                                                                                                                                                                                                                  |
| <b>D1XIII.13</b> | <b>Average time to decision for expedited prior authorizations</b><br><br>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. | <b>Coordinated Care of Washington</b><br>1<br><br><b>Community Health Plan of Washington</b><br>27.91<br><br><b>Molina Healthcare of Washington Incorporated</b><br>16<br><br><b>United Healthcare Community Plan</b><br>1.4<br><br><b>Wellpoint</b><br>2 |
| <b>D1XIII.14</b> | <b>Median time to decision for expedited prior authorizations</b><br><br>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.   | <b>Coordinated Care of Washington</b><br>1<br><br><b>Community Health Plan of Washington</b><br>4<br><br><b>Molina Healthcare of Washington Incorporated</b><br>11<br><br><b>United Healthcare Community Plan</b><br>1<br><br><b>Wellpoint</b><br>1       |
| <b>D1XIII.15</b> | <b>Percentage of total prior authorization requests approved with extended timeframe</b><br><br>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                                                                                          | <b>Coordinated Care of Washington</b><br>1.34%<br><br><b>Community Health Plan of Washington</b><br>97%                                                                                                                                                   |

and the request was approved. If you choose not to respond prior to June 2026, enter "NR" for not reporting.

**Molina Healthcare of Washington Incorporated**

73%

**United Healthcare Community Plan**

0%

**Wellpoint**

0%

---

## 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>                                                                                                                                                                                                                                                                                                                   | Yes                                                                                                                                                                                                                                                                              |
| 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>Coordinated Care of Washington</b></p> <p>4</p> <p><b>Community Health Plan of Washington</b></p> <p>18</p> <p><b>Molina Healthcare of Washington Incorporated</b></p> <p>4</p> <p><b>United Healthcare Community Plan</b></p> <p>12</p> <p><b>Wellpoint</b></p> <p>15</p> |
| D1XIV.2 | <p><b>Number of unique beneficiaries with multiple data transfers</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 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.</p> | <p><b>Coordinated Care of Washington</b></p> <p>4</p> <p><b>Community Health Plan of Washington</b></p> <p>18</p> <p><b>Molina Healthcare of Washington Incorporated</b></p> <p>3</p> <p><b>United Healthcare Community Plan</b></p> <p>10</p> <p><b>Wellpoint</b></p> <p>10</p> |
| D1XIV.3 | <p><b>URL for Patient Access API</b></p> <p>Provide the URL where the plan posts Patient Access</p>                                                                                                                                                                                                                                                                                                                                                  | <p><b>Coordinated Care of Washington</b></p> <p><a href="https://partners.centene.com/apiDetail/2718669d-6e2e-42b5-8c90-">https://partners.centene.com/apiDetail/2718669d-6e2e-42b5-8c90-</a></p>                                                                                |

API.

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### **Community Health Plan of Washington**

<https://www.chpw.org/member-center/member-rights/using-third-party-apps/interoperability-faqs/>

### **Molina Healthcare of Washington Incorporated**

<https://api.interop.molinahealthcare.com/patientaccess/Patient>

### **United Healthcare Community Plan**

<https://www.uhc.com/legal/interoperability-apis/patient-access-api>

### **Wellpoint**

<https://www.wellpoint.com/developers>

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#### **D1XIV.4 URL for patient educational resources for Patient Access API**

Provide the URL where the plan posts patient educational resources for the Patient Access API.

### **Coordinated Care of Washington**

<https://www.coordinatedcarehealth.com/members/medicaid/resources/interoperability-and-patient-access.html>

### **Community Health Plan of Washington**

<https://www.chpw.org/member-center/member-rights/using-third-party-apps/interoperability-faqs/>

### **Molina Healthcare of Washington Incorporated**

<https://www.molinahealthcare.com/members/common/en-us/abtmolina/data-sharing.aspx>

### **United Healthcare Community Plan**

<https://www.uhc.com/legal/interoperability-apis/patient-access-api>

### **Wellpoint**

<https://www.wellpoint.com/privacy>

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#### **D1XIV.5 Provider Access and Payer-to-Payer API**

### **Coordinated Care of Washington**

**patient educational  
resources URL**

Provide the URL where the plan posts patient educational resources for the Provider Access and Payer-to-Payer API.

<https://partners.centene.com/apiDetail/2718669d-6e2e-42b5-8c90-0a82f13a30ba>

**Community Health Plan of  
Washington**

<https://www.chpw.org/member-center/member-rights/using-third-party-apps/interoperability-faqs/>

**Molina Healthcare of Washington  
Incorporated**

<https://www.molinahealthcare.com/members/common/en-us/abtmolina/data-sharing.aspx>

**United Healthcare Community  
Plan**

<https://www.uhc.com/legal/interoperability-apis>

**Wellpoint**

<https://www.wellpoint.com/privacy>

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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                                                                                                                                                                                                                        |
|--------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EIX.1  | <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>Other, specify – Washington Healthplanfinder                                                                                                                                              |
|        |                                                                                                                             | <b>State Government Entity</b><br>State Government Entity                                                                                                                                                                       |
|        |                                                                                                                             | <b>Other Community-Based Organization</b><br>Other Community-Based Organization                                                                                                                                                 |
|        |                                                                                                                             | <b>Enrollment Broker</b><br>Enrollment Broker                                                                                                                                                                                   |
|        |                                                                                                                             | <b>Other, specify - Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister</b><br>Other, specify – Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister |
| EIX.2  | <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>Other, specify – Eligibility and Enrollment                                                                                                                                               |
|        |                                                                                                                             | <b>State Government Entity</b><br>Other, specify – Eligibility and Enrollment                                                                                                                                                   |
|        |                                                                                                                             | <b>Other Community-Based Organization</b><br>Beneficiary Outreach<br>Other, specify – Enrollment                                                                                                                                |
|        |                                                                                                                             | <b>Enrollment Broker</b>                                                                                                                                                                                                        |
|        |                                                                                                                             |                                                                                                                                                                                                                                 |

Other, specify – Enrollment/Choice Counseling

**Other, specify - Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister**

Beneficiary Outreach

Other, specify – Enrollment

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## Section F: Notes

### Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

| Number | Indicator        | Response               |
|--------|------------------|------------------------|
| F1     | Notes (optional) | Not answered, optional |

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