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

Due date	Last edited	Edited by	Status
06/29/2026	06/29/2026	Alesia McKoy	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Indicator	Response
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? If “No”, please complete the following questions under each plan.	No (Excel submission)

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Washington
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Alesia McKoy
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	alesia.mckoy@hca.wa.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Alesia McKoy
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	alesia.mckoy@hca.wa.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	06/29/2026

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2025
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2025
A6	**Program name** 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 Community Health Plan of Washington Molina Healthcare of Washington Incorporated United Healthcare Community Plan 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 Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Washington Healthplanfinder State Government Entity Other Community-Based Organization Enrollment Broker 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	**Statewide Medicaid enrollment** Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	1,953,505
BI.2	**Statewide Medicaid risk-based managed care enrollment** 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
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff Proprietary system(s)
BIII.2	**HIPAA compliance of proprietary system(s) for encounter data validation** Were the system(s) utilized fully HIPAA compliant? Select one.	Yes

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.	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 & SUD) Tribal FQHC (Medical, Mental Health & SUD) Non-Native Tribal FQHC (Medical, Mental Health & 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.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	Allow plans to retain overpayments
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Sections 5 &12 of the IMC Contract (5.6, 12.1, 12.5 & 12.10) for overpayments made by the plans to their network providers.
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard selected in indicator B.X.2.	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

		overpayments within 60 days of identification. The state may assess liquidated damages if the plans fail to identify and recover overpayments as required.
BX.5	**State overpayment reporting monitoring** Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	The state requires the plans to report all program integrity activities on a monthly deliverable that includes audit detail, encounter detail, identified and recovered overpayment amounts. The state reviews and validates overpayment recoveries against submitted encounter data and meets with the plans quarterly to discuss their program integrity performance and clarify any discrepancies between reported program integrity activities and submitted encounter data. In addition, the plans are required to submit an annual report of program integrity activities that rolls up and reports identified and recovered overpayments and cost avoidance amounts for the prior calendar year.
BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	The state issues the 834 Benefit and Enrollment Maintenance report to each MCO every day to ensure eligibility files are up to date. In addition, the files are audited each month to ensure enrollment files are accurate. The state also requires the plans to report demographic changes through MC-Track using the Newborn Payment Assistance Request Form (NB PARF) for newborn retro-enrollment and the Payment Assistance Request Form (PARF) for all other payment and enrollment inquiries to include but not limited to Service Base Enhancements (DCR, WISe, etc.), regular premium payments and other demographic changes that may impact eligibility (DOD, out-of-state address, etc.).
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider “for cause” terminations in a timely	Yes

	manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	Yes
BX.8b	**Federal database checks: Summarize instances of exclusion** 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.

BX.9a	**Website posting of 5 percent or more ownership control** Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	**Website posting of 5 percent or more ownership control: Link** What is the link to the website? Refer to 42 CFR 602(g)(3).	https://www.hca.wa.gov/about-hca/other-administrative-activities/audits-and-reporting
BX.10	**Periodic audits** If the state conducted any audits during the contract year to determine the 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	**Are you reporting data prior to June 2026?**	Yes
BXIII.1a	**Timeframes for standard prior authorization decisions** 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	**Timeframes for expedited prior authorization decisions** 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
C1I.1	**Program contract** 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)
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2025
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health
C1I.4b	**Variation in special benefits** 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.	
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).	1,591,037
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.	There were no major changes to the population or benefits during the reporting year.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	**Submission Date of Most Recent MLR Report** 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	**Most Recent MLR Reporting Period** 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	**MLR Validation Completion** 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	**Anticipated Validation Date** When does the state anticipate doing so?	05/2027

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Contract oversight Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	5.18.1-15.18.11.3
C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that	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.	
C1III.5	**Incentives for encounter data quality** 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.	N/A
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter “The state did not experience any barriers to collecting or validating encounter data during the reporting year” as your response. “N/A” is not an acceptable response.	Barriers we experienced though not limited to were data quality issues, timeliness, data format compatibility, technical challenges, and contractor reluctance/resistance.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	N/A
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	IMC Contract Subsection 13.3.1.12.1 : 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
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	"IMC Contract Subsection 13.4.4.1: 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."
C1IV.4	**State definition of "timely" resolution for**	"IMC Contract Subsection 13.2.1.7: The Contractor shall complete the resolution

	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. "

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.

Access measure total count: 47

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 maxiumum for public transit.

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Urban	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	C2.V.5 Region	C2.V.6 Population
Hospital	Non-urban	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	C2.V.5 Region	C2.V.6 Population
Pharmacy	Non-urban	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 maxiumum for public transit.

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Urban	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Non-urban	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 maxiumum for public transit.

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
OB/GYN	Urban	

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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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

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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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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	C2.V.5 Region	C2.V.6 Population
Hospital	Statewide	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	C2.V.5 Region	C2.V.6 Population
Pharmacy	Statewide	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

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C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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	C2.V.5 Region	C2.V.6 Population
Hospital	Statewide	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	C2.V.5 Region	C2.V.6 Population
Pharmacy	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hospital	Statewide	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

C2.V.2 Measure standard

N/A

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy	Statewide	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	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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	C2.V.5 Region	C2.V.6 Population
Hospital	Statewide	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	C2.V.5 Region	C2.V.6 Population
Pharmacy	Statewide	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	C2.V.5 Region	C2.V.6 Population
Primary care: Transitional Health Care Services	Statewide	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	C2.V.5 Region	C2.V.6 Population
Mental health: Transitional Health Care Services by a home care nurse, home care registered counselor, or a	Statewide	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	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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	C2.V.5 Region	C2.V.6 Population
Hospital	Statewide	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	C2.V.5 Region	C2.V.6 Population
Pharmacy	Statewide	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	C2.V.5 Region	C2.V.6 Population
Primary care	Statewide	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	C2.V.5 Region	C2.V.6 Population
Mental health	Statewide	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	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder (SUD)	Statewide	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	C2.V.5 Region	C2.V.6 Population
OB/GYN	Statewide	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	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	"https://www.hca.wa.gov/about-hca/contact-hca , https://www.wahealthplanfinder.org , https://www.wahealthplanfinder.org/us/en/tool s-and-resources/connect-with-us/virtual-help details.html"
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	"Washington Healthplanfinder (Health Benefit Exchange) and Washington State Health Care Authority: • Provide free aids and services to people with disabilities to communicate effectively, such as: o Qualified sign language interpreters o Written information in other formats (large print, audio, accessible electronic formats, other formats) • Provide free language services to people whose primary language is not English, such as: o Qualified interpreters o Information written in other languages Washington Healthplanfinder provides customers the option to search and partner with a Broker or Navigator based on the assister's service language. Washington Healthplanfinder - Notice of Nondiscrimination website: https://www.wahbexchange.org/about-the exchange/what-is-the exchange/policies/nondiscrimination accessibilit y/ Washington Healthplanfinder - How to Get Language Support website: https://www.wahealthplanfinder.org/us/en/tool s-and-resources/how-to/language-support.html Washington Healthplanfinder - Accessibility and Inclusion website: https://www.wahealthplanfinder.org/us/en/abo ut-us/our-organization/accessibility-and inclusion.html Washington Health Care Authority - Notice of Nondiscrimination website: https://www.hca.wa.gov/about hca/nondiscrimination-statement Washington Health Care Authority - ADA Accessibility website: https://www.hca.wa.gov/about hca/ada-

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

submission of applications, and sales requirements. o They will comply with all applicable federal and state laws and regulations, including those governing data protection, confidentiality, and conflicts of interest, and to abide by all rules, regulations, policies, and procedures established by the Exchange, including, but not limited to, required training, annual update training, and Exchange privacy and security standards. • Brokers must present a Scope of Appointment form to prospective customers prior to all sales presentations. o The Exchange requires Brokers to document the scope of the marketing appointment to ensure consumers understand what will be discussed between the Broker and the consumer (or their authorized representative). o Forms are to be maintained by the producer and made available upon the request of the Exchange. Brokers and Navigators: • Assisters are required to certify with the Exchange to access Washington Healthplanfinder. • Assisters 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 assisters informed of systems, process, regulations, and updates to the Washington Healthplanfinder application. • Assisters complete a User Access Agreement when onboarding and during their yearly security refresh training."

Topic X: Program Integrity

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

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	Yes
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	Other, specify – MCOs and State revied their analysis.
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (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)	Yes
C1XII.7b	**Describe the event(s) that necessitated an update to the parity analysis(es).** Select all that apply.	Other, specify – State Plan Amendments
C1XII.8	**When was the last parity analysis(es) for this program completed?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the	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).	
C1XII.9	**When was the last parity analysis(es) for this program submitted to CMS?** 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
C1XII.10a	**In the last analysis(es) conducted, were any deficiencies identified?**	No
C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?** 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.	
C1XII.12b	**Provide the URL link(s).** Response must be a valid hyperlink/URL beginning with “http://” or “https://”. Separate links with commas.	https://www.hca.wa.gov/about-hca/data-and-reports/apple-health-medicaid-and-managed-care-reports

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Coordinated Care of Washington** 193,566 **Community Health Plan of Washington** 268,483 **Molina Healthcare of Washington Incorporated** 787,714 **United Healthcare Community Plan** 182,781 **Wellpoint** 144,780
D1I.2	**Plan share of Medicaid** What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	**Coordinated Care of Washington** 9.9% **Community Health Plan of Washington** 13.7% **Molina Healthcare of Washington Incorporated** 40.3% **United Healthcare Community Plan** 9.4% **Wellpoint** 7.4%
D1I.3	**Plan share of risk-based Medicaid managed care** What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care? Numerator: Plan enrollment	**Coordinated Care of Washington** 12% **Community Health Plan of Washington** 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%
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

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	**MLR Data Received** 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?	**Coordinated Care of Washington** No **Community Health Plan of Washington** No **Molina Healthcare of Washington Incorporated** No **United Healthcare Community Plan** No **Wellpoint** No
D1II.1c	**Projected Date for Receipt of MLR Data for This Reporting Period** When does the state anticipate receiving MLR data for this reporting period from this plan?	**Coordinated Care of Washington** 12/2026 **Community Health Plan of Washington** 12/2026 **Molina Healthcare of Washington Incorporated** 12/2026 **United Healthcare Community Plan** 12/2026 **Wellpoint** 12/2026

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Coordinated Care of Washington** The standard for timely encounter data submissions is 30 days from the end of the month in which the claim was paid by the MCP. **Community Health Plan of Washington** n/a **Molina Healthcare of Washington Incorporated** n/a **United Healthcare Community Plan** n/a **Wellpoint** n/a
D1III.2	**Share of encounter data submissions that met state's timely submission requirements** What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the 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.	**Coordinated Care of Washington** 99.86% **Community Health Plan of Washington** 0% **Molina Healthcare of Washington Incorporated** 0% **United Healthcare Community Plan** 0% **Wellpoint** 0%
D1III.3	**Share of encounter data submissions that were HIPAA compliant** What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for	**Coordinated Care of Washington** 99.9% **Community Health Plan of Washington** 0%

	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%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year.An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Coordinated Care of Washington** 1,228 **Community Health Plan of Washington** 4,236 **Molina Healthcare of Washington Incorporated** 2,964 **United Healthcare Community Plan** 1,212 **Wellpoint** 519
D1IV.1a	**Appeals denied** Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.	**Coordinated Care of Washington** 514 **Community Health Plan of Washington** 1,357 **Molina Healthcare of Washington Incorporated** 1,264 **United Healthcare Community Plan** 536 **Wellpoint** 310
D1IV.1b	**Appeals resolved in partial favor of enrollee** Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.	**Coordinated Care of Washington** 4 **Community Health Plan of Washington** 17 **Molina Healthcare of Washington Incorporated**

		27 **United Healthcare Community Plan** 24 **Wellpoint** 7
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
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
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

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.	
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
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

D1IV.6a	**Resolved appeals related to denial of authorization or limited authorization of a service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	**Coordinated Care of Washington** 1,226 **Community Health Plan of Washington** 4,225 **Molina Healthcare of Washington Incorporated** 2,931 **United Healthcare Community Plan** 1,169 **Wellpoint** 519
D1IV.6b	**Resolved appeals related to reduction, suspension, or termination of a previously authorized service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 3 **Molina Healthcare of Washington Incorporated** 0 **United Healthcare Community Plan** 1 **Wellpoint** 0
D1IV.6c	**Resolved appeals related to payment denial** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	**Coordinated Care of Washington** 2 **Community Health Plan of Washington** 7 **Molina Healthcare of Washington Incorporated** 33

		United Healthcare Community Plan 17 **Wellpoint** 0
D1IV.6d	**Resolved appeals related to service timeliness** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	**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.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 0 **Molina Healthcare of Washington Incorporated** 0 **United Healthcare Community Plan** 25 **Wellpoint** 0
D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**	**Coordinated Care of Washington** 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	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	**Coordinated Care of Washington** 15 **Community Health Plan of Washington** 31 **Molina Healthcare of Washington Incorporated** 47 **United Healthcare Community Plan** 16 **Wellpoint** 31
D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care 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".	**Coordinated Care of Washington** 373 **Community Health Plan of Washington** 546 **Molina Healthcare of Washington Incorporated** 432 **United Healthcare Community Plan** 410 **Wellpoint** 127
D1IV.7c	**Resolved appeals related to inpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover	**Coordinated Care of Washington** 14 **Community Health Plan of Washington** 4 **Molina Healthcare of Washington Incorporated**

	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
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** 0 **Molina Healthcare of Washington Incorporated** 0 **United Healthcare Community Plan** 0 **Wellpoint** 0
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

		Wellpoint N/A
D1IV.7i	**Resolved appeals related to non-emergency medical transportation (NEMT)** Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter “N/A”.	**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
D1IV.7k:	**Resolved appeals related to durable medical equipment (DME) & supplies** 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”.	**Coordinated Care of Washington** 82 **Community Health Plan of Washington** 378 **Molina Healthcare of Washington Incorporated** 311 **United Healthcare Community Plan** 53 **Wellpoint** 32
D1IV.7l:	**Resolved appeals related to home health / hospice** 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	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 1

	this type of service, enter "N/A".	**Molina Healthcare of Washington Incorporated** 0 **United Healthcare Community Plan** 0 **Wellpoint** 1
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
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

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

State Fair Hearings

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

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

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** 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.	**Coordinated Care of Washington** 1,303 **Community Health Plan of Washington** 2,063 **Molina Healthcare of Washington Incorporated** 14,435 **United Healthcare Community Plan** 2,418 **Wellpoint** 955
D1IV.11	**Active grievances** Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	**Coordinated Care of Washington** 140 **Community Health Plan of Washington** 21 **Molina Healthcare of Washington Incorporated** 177 **United Healthcare Community Plan** 254 **Wellpoint** 66
D1IV.12	**Grievances filed on behalf of LTSS users** Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.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	**Coordinated Care of Washington** N/A **Community Health Plan of Washington** N/A **Molina Healthcare of Washington Incorporated** N/A

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

United Healthcare Community Plan

N/A

Wellpoint

N/A

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.	
D1IV.14	**Number of grievances for which timely resolution was provided** Enter the number of grievances for which timely resolution was provided by plan during the reporting year.See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	**Coordinated Care of Washington** 1,279 **Community Health Plan of Washington** 2,063 **Molina Healthcare of Washington Incorporated** 14,408 **United Healthcare Community Plan** 2,393 **Wellpoint** 946

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 0 **Molina Healthcare of Washington Incorporated** 1 **United Healthcare Community Plan** 5 **Wellpoint** 1
D1IV.15b	**Resolved grievances related to general outpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care 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".	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 0 **Molina Healthcare of Washington Incorporated** 41 **United Healthcare Community Plan** 84 **Wellpoint** 184
D1IV.15c	**Resolved grievances related to inpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 1 **Molina Healthcare of Washington Incorporated**

	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

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

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

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

D1IV.15o	**Resolved grievances related to other service types** Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter “N/A”.	**Coordinated Care of Washington** 1,302 **Community Health Plan of Washington** 2,008 **Molina Healthcare of Washington Incorporated** 12,271 **United Healthcare Community Plan** 2,311 **Wellpoint** 744

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Coordinated Care of Washington** 122 **Community Health Plan of Washington** 393 **Molina Healthcare of Washington Incorporated** 2,314 **United Healthcare Community Plan** 54 **Wellpoint** 26
D1IV.16b	**Resolved grievances related to plan or provider care management/case management** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	**Coordinated Care of Washington** 0 **Community Health Plan of Washington** 2 **Molina Healthcare of Washington Incorporated** 155 **United Healthcare Community Plan** 0 **Wellpoint** 52
D1IV.16c	**Resolved grievances related to network adequacy or access to care/services from plan or provider** Enter the total number of grievances resolved by the plan during the reporting year that were related to	**Coordinated Care of Washington** 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
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
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
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
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 perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	**Coordinated Care of Washington** 5 **Community Health Plan of Washington** 2 **Molina Healthcare of Washington Incorporated** 111 **United Healthcare Community Plan** 3 **Wellpoint** 3

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

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.

Quality & performance measure total count: 106

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

N/A

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

Program-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

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 Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling - Total

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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

Wellpoint

73

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), 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), 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), 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

Wellpoint

82

Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS), HIB

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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), 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), 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), 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), 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

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), 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), 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), 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), 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

Wellpoint

30.2

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (IMA) - 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

Wellpoint

65.2

Complete

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

D2.VII.2 Measure Domain

Primary care access and preventative care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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 (IMA) 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

Wellpoint

65

Complete

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

39.7

Complete

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

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

48.5

Complete

D2.VII.1 Measure Name: Prenatal Immunization Status (PRS-E) 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

Wellpoint

25.4

Complete

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

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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 Corticosteriod

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

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

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

73.7

Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP)

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)

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

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

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

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

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 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 for 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

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

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

Wellpoint

35

Complete

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

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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

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

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)

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

Wellpoint

83

Complete

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

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

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 Medciations 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

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

Wellpoint

28

Complete

D2.VII.1 Measure Name: Use of Opioids at High Dose (HDO) (lower score is better) 49 / 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

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 Prescribers and Multiple Pharmacies (UOP) (lower is better)

50 / 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

2.6

Community Health Plan of Washington

2.4

Molina Healthcare of Washington Incorporated

2.6

United Healthcare Community Plan

2.8

Wellpoint

2

Complete

D2.VII.1 Measure Name: Risk of Continued Opioid Use (COU): 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

Wellpoint

2.5

Complete

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

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): 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): 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 Pychosocial Care for Children and Adolescent on Antipsychotics (APP), 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

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

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

Wellpoint

46

Complete

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

61 / 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

61.1

Community Health Plan of Washington

62.2

Molina Healthcare of Washington Incorporated

61

United Healthcare Community Plan

62.8

Wellpoint

59.7

Complete

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

62 / 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

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

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

Wellpoint

50.2

Complete

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

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 and Follow-Up (PDS-E), Depression screening 65 / 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

6.1

Community Health Plan of Washington

.4

Molina Healthcare of Washington Incorporated

4.3

United Healthcare Community Plan

2.3

Wellpoint

11.2

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

42.2

Complete

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

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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

10.9%

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

34.8

Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status < 8%

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

Wellpoint

55

Complete

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

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

Wellpoint

50.1

Complete

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

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

Wellpoint

23.4

Complete

D2.VII.1 Measure Name: Use of Imaging Studies for Low Back Pain (LBP), 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

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, Intitiation of SUD Treatment, 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

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

Wellpoint

11.8

Complete

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

D2.VII.2 Measure Domain

Behavioral health care

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

N/A

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

No, 01/01/2024 - 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

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-E) 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

Wellpoint

32

Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR) 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

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), Influenza 84 / 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

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), Td/Tdap 85 / 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

58.9

Community Health Plan of Washington

57

Molina Healthcare of Washington Incorporated

58.6

United Healthcare Community Plan

57.2

Wellpoint

52.6

Complete

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

20.6

Community Health Plan of Washington

19.7

Molina Healthcare of Washington Incorporated

20.2

United Healthcare Community Plan

21.7

Wellpoint

16

Complete

D2.VII.1 Measure Name: Adult Immunization Status (AIS-E), Pneomococcal 87 / 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

55.1

Community Health Plan of Washington

51.8

Molina Healthcare of Washington Incorporated

61.6

United Healthcare Community Plan

54

Wellpoint

46.3

Complete

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

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

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

Wellpoint

94

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

63.6

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

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-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 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)

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) Total (note that a lower score is be□er 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), Adult 99 / 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

74

Community Health Plan of Washington

75.2

Molina Healthcare of Washington Incorporated

76

United Healthcare Community Plan

76.2

Wellpoint

72

Complete

D2.VII.1 Measure Name: Getting Care Quickly (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

78

Community Health Plan of Washington

74.2

Molina Healthcare of Washington Incorporated

75.3

United Healthcare Community Plan

75.8

Wellpoint

70.4

Complete

D2.VII.1 Measure Name: How Well Doctors Communicate (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

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

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

83.9

Complete

D2.VII.1 Measure Name: Getting Need Care (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

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), 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

Wellpoint

85

Complete

D2.VII.1 Measure Name: How Well Doctors Communicate (Composite), Child 105 / 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

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

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

91.5

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.

Sanction total count: 10

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

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$200,000

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

4 / 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

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

Yes, remediated 02/26/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Liquidated damages

6 / 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

Wellpoint

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

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

$100,000

D3.VIII.7 Date assessed

10/10/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Liquidated damages

9 / 10

D3.VIII.2 Plan performance issue

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

D3.VIII.3 Plan name

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
5

D3.VIII.6 Sanction amount
$100,000

D3.VIII.7 Date assessed
11/14/2025

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

D3.VIII.9 Corrective action plan
Yes

Complete

D3.VIII.1 Intervention type: Liquidated damages 10 / 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
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	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Coordinated Care of Washington** 4.75 **Community Health Plan of Washington** 14 **Molina Healthcare of Washington Incorporated** 27 **United Healthcare Community Plan** 5 **Wellpoint** 6
D1X.2	**Count of opened program integrity investigations** How many program integrity investigations were opened by the plan during the reporting year?	**Coordinated Care of Washington** 205 **Community Health Plan of Washington** 360 **Molina Healthcare of Washington Incorporated** 169 **United Healthcare Community Plan** 454 **Wellpoint** 361
D1X.4	**Count of resolved program integrity investigations** How many program integrity investigations were resolved by the plan during the reporting year?	**Coordinated Care of Washington** 206 **Community Health Plan of Washington** 303 **Molina Healthcare of Washington Incorporated** 176

		United Healthcare Community Plan 550 **Wellpoint** 422
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

D1X.7	**Count of program integrity referrals to the state** Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.	**Coordinated Care of Washington** 1 **Community Health Plan of Washington** 3 **Molina Healthcare of Washington Incorporated** 26 **United Healthcare Community Plan** 10 **Wellpoint** 12
D1X.9a:	**Plan overpayment reporting to the state: Start Date** What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	**Coordinated Care of Washington** 01/01/2025 **Community Health Plan of Washington** 01/01/2025 **Molina Healthcare of Washington Incorporated** 01/01/2025 **United Healthcare Community Plan** 01/01/2025 **Wellpoint** 01/01/2025
D1X.9b:	**Plan overpayment reporting to the state: End Date** What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	**Coordinated Care of Washington** 12/31/2025 **Community Health Plan of Washington** 12/31/2025 **Molina Healthcare of Washington Incorporated** 12/31/2025 **United Healthcare Community Plan**

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 (D1.X.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

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
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Coordinated Care of Washington** Yes, at least 1 ILOS is offered by this plan **Community Health Plan of Washington** Yes, at least 1 ILOS is offered by this plan **Molina Healthcare of Washington Incorporated** Yes, at least 1 ILOS is offered by this plan **United Healthcare Community Plan** Yes, at least 1 ILOS is offered by this plan **Wellpoint** Yes, at least 1 ILOS is offered by this plan
D4XI.2a	**ILOSs utilization by plan** 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”.	**Coordinated Care of Washington** Intensive Behavioral Supportive Supervision (IBSS): **Community Health Plan of Washington** Intensive Behavioral Supportive Supervision (IBSS): **Molina Healthcare of Washington Incorporated** Intensive Behavioral Supportive Supervision (IBSS): **United Healthcare Community Plan** Intensive Behavioral Supportive Supervision (IBSS): **Wellpoint**

		Intensive Behavioral Supportive Supervision (IBSS):

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	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Yes

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	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Yes

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

		Other, specify - Navigator, Tribal Assister, Certified Application Counselor, Certified Volunteer Assister Other, specify – N/A

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