

Performance Measures Coordinating Committee Meeting

Monday, December 15, 2025
9:00 a.m. – 11:00 a.m.

Washington State
Health Care Authority

Housekeeping

- ▶ No formal break, so feel free to step out briefly if needed.
- ▶ For committee members:
 - ▶ Please keep your phone line muted when not speaking.
- ▶ For members of the public:
 - ▶ Please keep your phone line muted at all times.
 - ▶ There will be dedicated time for questions and comments.
 - ▶ Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- ▶ Maintaining a transparent process is important.
- ▶ Public comment opportunities:
 - ▶ PMCC meetings are open to the public.
 - ▶ There is time on the agenda for public comment prior to action on measures.
 - ▶ Meeting materials are posted on the Health Care Authority website*
 - ▶ Comments can be submitted to HCA anytime at hcapmcc@hca.wa.gov

*<https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set>

Welcome & Introductions

- ▶ Committee members, please share the following:
 - ▶ Your Name
 - ▶ Your Role
 - ▶ Your organization
- ▶ Members of the public may place your response in the chat.

Today's Objectives

- ▶ Welcome and Introductions
- ▶ Recap of the October PMCC meeting
- ▶ Biennial Review of the WSCMS
 - ▶ Discussion and public comment
 - ▶ Final Vote
- ▶ Proposed Topics for 2026
 - ▶ Committee discussion
 - ▶ Next steps
 - ▶ Timeline of activities
- ▶ Public Comment
- ▶ 2025 Year in Review
- ▶ Wrap Up

Welcome and Introductions

Judy Zerzan-Thul, HCA

Thank you to our retiring members and welcome to new members

- ▶ Jennifer-Love Tillotson will be replacing Kelly Shaw as DOH representative for the PMCC.
- ▶ Yogini Kulkarni-Sharma will be replacing Frances Gough representative on behalf of Molina Health Plan.
- ▶ Welcome back to the committee our Seattle King County representative, Eli Kern. Thank you, Alastair Mattheson for your time and contribution to the Committee.
- ▶ Welcome new member, Dr. Jeffrey Gibbs, CHO for International Community Health Services



Jennifer Love Tillotson

- ▶ Jennifer Love Tillotson is the Director of the State Office of Rural Health (SORH)
- ▶ All 50 states offer a State Office of Rural Health to improve access to quality healthcare for rural residents. The WA SORH offers technical assistance, training, brings federal resources into the state and disperses them.
- ▶ The office is funded through an annual grant from the U.S. Department of Health and Human Services, [Health Resources and Services Administration \(HRSA\)](#). Through outreach and community partnerships, the SORH works to disseminate federal, state, and local resources, coordinate statewide rural health activities, and provide direct assistance to communities.
- ▶ Jennifer brings with her additional experience with the Office of Nutrition Services and Washington WIC and SNAP-Ed programs.

Demetria Malloy

- ▶ Demetria Malloy, MD, MSHS is the Chief Health Officer/Chief Medical Officer at CHPW.
- ▶ She is a Primary Care Physician with extensive managed care experience across Medicaid, Medicare, and commercial lines of business.
- ▶ Dr. Malloy's professional experience includes the developing and implementing of clinical programs promoting whole health strategies. These programs included advancing equitable maternal care, developing an award-winning doula program, and advancing trauma-informed care and LGBTQIA-focused services.
- ▶ She previously served as Regional Vice President Medical Director/Strategic Physician Executive for Elevance Health/Anthem Blue Cross Blue Shield National Accounts, and Medical Director for LA Care Health Plan, and her clinical training included Cedars Sinai Hospital and the Greater Los Angeles Veterans Healthcare System.
- ▶ She also has led numerous teams focused on provider collaboration on Quality/HEDIS metrics, utilization management improvements, and case management for complex care delivery.

Jeffrey Gibbs

- ▶ Jeffrey Gibbs, MD, MHA, has been serving as the Chief Health Officer at International Community Health Services, a community health center in Seattle, WA, since December 2024. Prior to this role, he spent nearly eight years as the Quality Improvement Medical Director at Sea Mar Community Health Centers. Before transitioning to full-time medical leadership, Dr. Gibbs dedicated two decades to practicing cardiology.
- ▶ Throughout his career, he has been deeply committed to ensuring that every patient receives care that is both compassionate and of the highest quality. He is passionate about fostering an environment where excellence in care is prioritized, consistently advocating for and establishing elevated standards to deliver exceptional and empathetic healthcare for all.
- ▶ Dr. Gibbs earned his medical degree from the Medical College of Wisconsin, followed by an internal medicine residency at the University of Minnesota. He later returned to the Medical College of Wisconsin to complete his cardiology fellowship. He is board-certified in internal medicine and continues to uphold this certification.
- ▶ In 2014, Dr. Gibbs further enhanced his expertise by obtaining a Master of Health Administration (MHA) degree from the University of Washington.



Yogini Kulkarni Sharma

- ▶ Yogini Kulkarni-Sharma is an accomplished physician executive with more than two decades of experience, leveraging her medical knowledge to improve health outcomes and population health. She has provided notable leadership in areas like quality improvement, value-based care, medical management, and risk adjustment for Medicaid, Medicare, and Marketplace programs.
- ▶ Dr. Kulkarni-Sharma has launched and managed departments and initiatives that boosted clinical results, raised CMS STAR ratings, and enhanced regulatory compliance, all while fostering strong relationships with providers and ensuring operational excellence across health plans in multiple states.
- ▶ Yogini is currently the Associate Vice President of Quality and Risk Adjustment at Molina Healthcare of Washington; Molina Healthcare provides managed health care services under the Medicaid and Medicare programs and Marketplace through state insurance. In her role, she oversees the strategic execution of quality improvement efforts designed to enhance member health outcomes, quality of care, and patient safety.
- ▶ Her role encompasses overseeing preventive and wellness services, comprehensive health management, enhancement of member experience, provider engagement, and all facets of value-based care, along with ensuring access to suitable care that addresses cultural, racial, ethnic, and language considerations. This position is consistent with her demonstrated dedication to enhancing health outcomes at both individual and population levels.



Recap of the October PMCC Meeting

Judy Zerzan-Thul, HCA

Highlights

- ▶ The Committee discussed the proposed measures selected for the core set and supplemental set, and they took a preliminary vote to adopt these measures.
 - ▶ The public comment period was open until November 21st, 2025.
- ▶ The Committee also discussed opportunities in 2026, including:
 - ▶ Areas that the PMCC needs to revisit on the WSCMS
 - ▶ Patient experience measures
 - ▶ Hospital performance measures
 - ▶ Priority topics identified for further discussion
 - ▶ Including prospective presentations around how we collect and monitor performance data in WA, and how this data informs our efforts to reduce provider burden and promote quality of care for our residents.
- ▶ The Committee learned about 2026 changes to NCQA HEDIS:
 - ▶ Including changes for select performance measures on the WSCMS, NCQA's transition toward ECDS only reporting and alignment with the FHIR standard.

Biennial Review of the WA State Common Measure Set

Laura Pennington, HCA

Overview of discussion and initial vote

- ▶ The Committee completed the biennial review of the WSCMS on July 21st, 2025. At this time, there were 12 measures on the core set for consideration and 11 on the supplemental set.
- ▶ The PMCC received a ranking exercise prior to the October 13th meeting, asking members to select their top 10 core measures. The remaining measures would be moved to the supplemental measure set.
- ▶ At the October meeting, the Committee discussed their responses, changed some recommendations, and then took an initial vote to approve the measure sets at the October meeting.

Scope

▶ In Scope

- ▶ Review public comments.
- ▶ Today's goal is to finalize the Core and Supplemental Sets only.

▶ Out of Scope

- ▶ We will not be talking about adding new measures to the Core or Supplemental sets.

▶ Reminder: Just because a measure is not on the Core or Supplemental Set doesn't mean it isn't important!

Preliminary Core and Supplemental Sets

PMCC Recommendations for 2025 Review of WSCMS as of October 13, 2025

Recommendation for Core Set

The Core Set includes measures that (state purchasers), payers and providers should use in their Value-Based Purchasing (VBP) contracts (agreements).

1. Breast Cancer Screening (BCS-E)
2. Child and Adolescent Well-Care Visits (WCV)
3. Childhood Immunization Status (CIS-E) Combination 10
4. Colorectal Cancer Screening (COL-E)
5. Controlling High Blood Pressure (CBP)
6. Depression Remission or Response for Adolescents and Adults (DRR-E)
7. Follow-Up After ED Visit for Substance Use (FUA)
8. Glycemic Status Assessment for Patients with Diabetes (GSD)
9. Plan All-Cause Readmissions (30-day) (PCR)
10. Prenatal/Postpartum Care (PPC)

Recommendation for Supplemental Set

The Supplemental Set includes additional/alternative measures from which payers and providers may choose to supplement the Core measures in their Value-Based Purchasing contracts (agreements).

1. Adult Immunization Status (AIS-E)
2. Cervical Cancer Screening (CCS)
3. Chlamydia Screening (CHL)
4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
6. Follow-Up After Hospitalization for Mental Illness (FUH)
7. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
8. Immunization for Adolescents (IMA)
9. Kidney Health Evaluation for Patients with Diabetes (KED)
10. Patient Safety for Selected Indicators (composite measure)
11. Statin Therapy for Patients with Cardiovascular Disease (SPC)
12. Well Child Visits in the First Thirtv Months of Life (W30)

Public comment period overview

- ▶ The public comment period was open until Nov 21st, 2025.
- ▶ HCA received several responses to the preliminary core and supplemental measure sets.
- ▶ HCA did receive additional comments not directly related to the Core and Supplemental measure sets; these will be discussed during following the final vote.

Public comment for Core and Supplemental measure sets

- ▶ Concerns for core set measures based on rural hospital reporting capability with small denominators:
 - ▶ Plan All-Cause readmissions (30-day) (PCR)
 - ▶ Prenatal/Postpartum Care (PPC)
 - ▶ Depression Remission or Response for Adolescents and Adults (DRR-E)
 - ▶ Follow-up After ED Visit for Substance Use (FUA)
- ▶ Recommendation from the Rural Health Collaborative
 - ▶ Consider using minimum denominator counts for required reporting, as needed.

Public comment for Core and Supplemental measure sets, cont.

▶ Cervical Cancer Screening (CCS-E) measure:

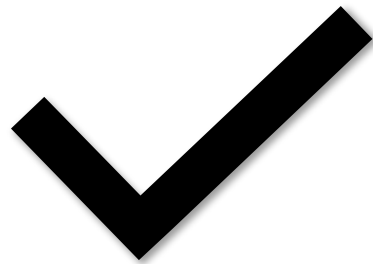
- ▶ Members from the Rural Health Collaborative were wondering why this is considered a supplemental measure rather than a core measure.
 - ▶ “This seems like an important measure for rural health in particular, given equity issues and also the recent surge in cervical cancer diagnoses in younger people.”
 - ▶ “There is also some overlap in exposure between viral causes of cervical cancer and STI’s.”
 - ▶ “Recommended in Bree Collaborative Primary care guidelines, stratified by age groups, change definition to “all persons with a cervix.”
- ▶ PMCC discussion:
 - ▶ Incidence of cervical cancer is lower than breast or colon in certain populations/regions.
 - ▶ Risk is lower in comparison to BCS-E & COL-E and we perform relatively well here.
 - ▶ Medicaid population: can be difficult to get accurate reporting as it is a multi-year measure. For example, screening may have been completed within the lookback period but with another health plan.
 - ▶ This measure is meaningful to Tribal Members.

Committee member discussion

- ▶ Please indicate if you are responding to a specific comment and/or measure.

Final Vote to adopt the Core and Supplemental Sets

- ▶ Only committee members will be voting.
- ▶ We are voting as a set, rather than by individual measures.
- ▶ Voting will be by verbal consensus.
- ▶ Motion to adoption the Supplemental Set, as is.



Adoption of Core Set

- ▶ Motion to adopt the Core Set, as is:
 - ▶ All in favor say "Aye"
 - ▶ Any objects say "Nay"

PMCC Recommendations for 2025 Review of WSCMS as of October 13, 2025

Recommendation for Core Set

The Core Set includes measures that (state purchasers), payers and providers should use in their Value-Based Purchasing (VBP) contracts (agreements).

1. Breast Cancer Screening (BCS-E)
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8. Glycemic Status Assessment for Patients with Diabetes (GSD)
9. Plan All-Cause Readmissions (30-day) (PCR)
10. Prenatal/Postpartum Care (PPC)

Adoption of Supplemental Set

- ▶ Motion to adopt the Supplemental Set, as is:
 - ▶ All in favor say “Aye”
 - ▶ Any objects say “Nay”

Recommendation for Supplemental Set

The Supplemental Set includes additional/alternative measures from which payers and providers may choose to supplement the Core measures in their Value-Based Purchasing contracts (agreements).

1. Adult Immunization Status (AIS-E)
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General Public Comment Received

- ▶ **HIV-AD** (Recommendation to move from removal to monitoring)
 - ▶ “Viral load suppression is the gold standard in HIV quality, as it signifies that a patient has reached the clinical goal of HIV treatment.”
 - ▶ Medicaid is the largest source of health care coverage for people with HIV, therefore, it is imperative for Medicaid programs to evaluate HIV care and outcomes meaningful to patients and providers by measuring and reporting HVL.
 - ▶ “Nearly 15,000 Washingtonians are living with HIV—and an estimated 12.9 percent still undiagnosed and out of care...”
- ▶ Additional information:
 - ▶ Through participation in the NASTAD Learning Collaborative , Washington is now able to capture administrative and lab testing data.
 - ▶ This measure is currently being reported to CMS as part of the annual Adult Core Measure Set reporting for Medicaid clients.

General Public Comment Received, cont.

- ▶ **Person -Centered Contraceptive Counseling - Retrospective Survey (PCCC-RS)**
 - ▶ “HCA’s Family Planning Only (FPO) fee-for-service program, in partnership with UCSF’s Person-Centered Reproductive Health Program, successfully piloted the Person-Centered Contraceptive Counseling – Retrospective Survey (PCCC-RS) in 2025.”
 - ▶ The pilot included collecting data on patient experience of contraceptive counseling to enhance measurement of and attention to patient-centered contraceptive care.
 - ▶ PCCC was recently endorsed by the Partnership for Quality Measurement (PQM).
 - ▶ “We believe PCCC meets the expectations intended by [E2SHB 2572](#) and would work in service of a patient experience measure under “Other considerations” in the proposed 2026 set.”
- ▶ **Ask:**
 - ▶ Request the opportunity to discuss for next year addition to *measures for monitoring* and would “welcome an opportunity to present our pilot year’s findings, and future implementation plans.”

Public comment for Core and Supplemental measure sets, cont.

▶ Mental Health Treatment Penetration (Broad)

- ▶ There was a question regarding why this measure was recommended for removal and how this measure impacts other Medicaid quality initiatives.
- ▶ PMCC discussion:
 - ▶ The consensus from the Committee was that this measure is unlikely to be used in any VBP arrangements, even though it is important for evaluating the health of very specific populations.
 - ▶ Health plans are unable to reliably recreate RDA measures.
 - ▶ David recommended that the committee consider the addition of NCQA follow up measures such as FUA and FUH to a core set, as we have begun to make progress in those areas, but there is still much work to be done.
 - ▶ This measure will continue to be used for tracking purposes within HCA initiatives.

Next Steps

- ▶ HCA will commit to prioritizing these measures in our contracts with health plans and other quality initiatives.
- ▶ The Common measure set will be updated and sent out to committee members and updated on our HCA webpage.
- ▶ A notice will be sent through Gov delivery, along with a link to our webpage and a brief explanation of how the measures will be used.

Update to WSCMS visual for 2026



Detailed version (Alphabetical)



Detailed version 2 (Sorted by
type)



Simple list of measures

Detailed Version 1

#	Measure Name	Measure Steward ¹	Measure Description	Core Set	Supplemental Set	Children/Adolescents	Adults	Older Adults
1	Adult Immunization Status (AIS-E) (Uses Electronic Data System (ECDS) reporting) NCQA updated for 2026	NCQA (HEDIS)	The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19).		X		X	X
2	Breast Cancer Screening (BCS-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	X			X	X
3	Cervical Cancer Screening (CCS-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> Persons 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. Persons 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 		X		X	
4	Child and Adolescent Well-Care Visits (WCV)	NCQA (HEDIS)	The percentage of persons 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.	X		X		
5	Childhood Immunization Status (CIS-E) Combination 10 (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	X		X		
6	Chlamydia Screening (CHL)	NCQA (HEDIS)	The percentage of individuals identifying as female 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.		X		X	X
7	Colorectal Cancer Screening (COL-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 45–75 years of age who had appropriate screening for colorectal cancer.	X			X	X
8	Controlling High Blood Pressure (CBP)	NCQA (HEDIS)	The percentage of persons 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.	X			X	X
9	Depression Remission or Response for Adolescents and Adults (DRR-E)	NCQA (HEDIS)	The percentage of persons 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120–240 days (4–8 months) of the elevated score.	X		X	X	X

Detailed Version 2

Draft for 2026 Washington State Common Measure Set (Detailed v2)

#	Measure Name	Measure Steward ¹	Measure Description	Children/ Adolescents	Adults	Older Adults
Core Set Measures - The Core Set includes measures that (state purchasers), payers and providers should use in their Value-Based Purchasing (VBP) contracts (agreements).						
1	Breast Cancer Screening (BCS-E) (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of persons 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.		X	X
2	Child and Adolescent Well-Care Visits (WCV)	NCQA (HEDIS)	The percentage of persons 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.	X		
3	Childhood Immunization Status (CIS-E) Combination 10 (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)	The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	X		
Supplemental Set Measures - The Supplemental Set includes additional/alternative measures from which payers and providers may choose to supplement the Core measures in their Value-Based Purchasing contracts (agreements).						
1	Adult Immunization Status (AIS-E) (Uses Electronic Data System (ECDS) reporting) (NCQA updated for 2026)	NCQA (HEDIS)	The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19). (X	X
Social Recovery Measures – These include measures that are legislatively mandated to track for the Medicaid population.						
1	Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need	DSHS-RDA	The percentage of Medicaid enrollees 18 – 64 years of age who were arrested at least once in the measurement year and had an identified mental health or substance use disorder treatment need. There are two reportable rates for this measure: Rate 1: The percentage of members arrested at least once in the measurement year and had an identified mental health treatment need Rate 2: The percentage of members arrested at least once in the measurement year and had an identified substance use disorder treatment need Reported for Medicaid only.		X	

Simple list of measures

2026 Washington State Common Measure Set PMCC Approved as of <Insert date>

Core Set

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Supplemental Set

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Legislatively Mandated Measures

Measures required by Washington legislation to be included in the WSCMS.

1. Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need
2. Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility
3. Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility
4. Homelessness (Broad and Narrow) (HOME-B and HOME-N)

WSCMS style choices

- ▶ Do you have a preference for style?
 - ▶ Detailed versus simple
 - ▶ Combined measures, alphabetized
 - ▶ Measures organized by set
- ▶ Excel file that is filterable
- ▶ A combination of the above
- ▶ Including monitoring measures?

Looking Forward to 2026

Heleena Hufnagel, HCA

Overview

- ▶ 2025 was a year of significant change, both for the PMCC and for Washington State.
- ▶ The Committee has expressed a greater desire to understand how our state's performance measure data correlates to health outcomes.
- ▶ There are opportunities for the committee, providers, participating health plans and the public to discuss care gaps, share their experiences, and identify opportunities to support one another.

Proposed Topics in 2026

- ▶ The PMCC will take time in 2026 to revisit the following areas included in the current WSCMS:
 - ▶ Patient experience measures (CAHPS)
 - ▶ Hospital performance measures
 - ▶ Other measures identified for ongoing discussion in monitoring status (such as opioid usage).
- ▶ The committee has also proposed additional topics for discussion in 2026, including:
 - ▶ Behavioral health and SUD/opioids
 - ▶ Data reporting and how information is used to promote quality
 - ▶ Rural health challenges
 - ▶ Health plan presentations, especially those currently using FHIR and ECDS
 - ▶ Population health beyond clinical measures
 - Health equity lens
 - Tribal

Discussion with Committee members

- ▶ Which proposed topics would you like to prioritize in 2026?
- ▶ Committee members who are interested in facilitating discussions or presentations
- ▶ Other considerations:
 - ▶ Timeline for activities
 - ▶ Outreach

Public Comment

Drew Oliveira, WHA

Public Comment

- ▶ Please enter your question or comment into the chat box
- ▶ If you prefer to speak, enter your name into the chat box and unmute yourself when called upon
- ▶ If speaking, please limit your comments to 2 minutes

Wrap Up and Next Steps

Judy Zerzan-Thul, HCA

Wrap Up/Next steps

▶ Next Meeting:

- ▶ Feb 10, 2026, 10:00 a.m. -12:00 p.m.

- ▶ Proposed agenda topics:

 - Initial discussion on patient experience and/or hospital measures

- ▶ Send additional questions to hcapmcc@hca.wa.gov,
ATTN: Heleena H. and Laura P.