



PMCC December 2025 Biennial Review public comment period

| Core and Supplemental Set Comments | | | | |
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| Measure Name | Recommended by | Public Comment | Additional information for the Committee | Desired Outcome |
| Cervical Cancer Screening (CCS) measure. | Email from Angie Chan and Elya Prystowsky on behalf of the Rural Health Collaborative members | <p>RHC members were wondering why this is considered a supplemental measure rather than a core measure.</p> <ul style="list-style-type: none"> • “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.” | <p>PMCC discussion for cancer screening measures: May 2025 minutes PMCC</p> <p>The Committee elected to prioritize BCS-E and COL-E for the core set.</p> <p>Reasoning:</p> <ol style="list-style-type: none"> 1. Priority can depend on the population represented in the region; Incidence of cervical cancer is lower than breast or colon. 2. HRSA required; risk is lower in comparison to BCS-E & COL-E and we perform relatively well here. 3. Meaningful to Tribal Members. 4. Under the MCO programs, this can be difficult to get accurate as it is a multi-year measure; patients may | Opportunity to expand on the reasoning this was not selected, discuss. |

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| | | | <p>have completed this within the lookback period but with another insurer, requiring a manual care gap closure.</p> <p>5. ECDS for 2025.</p> | |
| <p>Plan All-Cause readmissions (30-day) (PCR), Prenatal/Postpartum Care (PPC), Depression Remission or Response for Adolescents and Adults (DRR-E) and Follow-up After-ED Visit for Substance Use (FUA)</p> | <p>Email from Angie Chan and Elya Prystowsky on behalf of the Rural Health Collaborative members</p> | <p>“ Members had some concerns about rural hospitals reporting on some measures as their denominators would be much smaller compared to larger systems.” One suggestion that was brought up was possibly excluding based on minimum denominator counts.”</p> | <ol style="list-style-type: none"> 1. WHA: Our Variation in Health Care Quality report is at the medical group and clinic level using our voluntary all-payers claim database. The methodology includes the Wilson confidence interval, which is designed to consider smaller populations. Our Quality Improvement Committee decided to continue to report on cervical cancer screening. 2. HCA considers small numbers in discussions with HPs around how data is used for reporting. 3. Additionally, the monitoring and | <p>Opportunity to discuss the different measures in more detail at next PMCC meeting.</p> |

| | | | reporting of small numbers provides valuable insight into populations or geographic areas who may otherwise be overlooked based on sample size. This reporting supports the Governor and Legislature’s promotion of health equity and informs the direction of public health goals and quality efforts. | |
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| Additional Comments received for the WSCMS | | | | |
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| HIV-AD (NCQA) | Email: from Laeticia Lawson and Lillian Manahan, WA DOH; and Letters: from Kristen Tjaden, Government Relations Director, West/ViiV Healthcare; and James Shackelford, Lifelong Health for All, a Washington State–based nonprofit. | <ul style="list-style-type: none"> “Viral load suppression is the gold standard in HIV quality, as it signifies that a patient has reached the clinical goal of HIV treatment. Since Medicaid is the largest source of health care coverage for people with HIV,¹ it is imperative for Medicaid programs to evaluate HIV care and outcomes meaningful to patients and providers by measuring and reporting HVL. We repeat the call and urgency for the PMCC to | <p>Dec. 2023: HIV-AD added to the 2024 WSCMS.</p> <ol style="list-style-type: none"> Through participation in the NASTAD Learning Collaborative , Washington is now able to capture administrative and lab testing data. This measure is currently being | Request to move to monitoring category instead of removal. |


¹ Kaiser Family Foundation. Medicaid and HIV. <https://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/>. Accessed November 11, 2025.

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| |  <p>PMCC Lifelong_Public Comrn</p>  <p>ViiV Healthcare Comments_2025 WS</p> | <p>maintain the HVL measure in the WSCMS, emphasizing its critical role in improving HIV care quality and outcomes for Medicaid beneficiaries across Washington.”</p> <ul style="list-style-type: none"> • “With nearly 15,000 Washingtonians living with HIV—and an estimated 12.9 percent still undiagnosed and out of care—we see firsthand how essential strong, accountable public health measures are for ensuring equitable access to treatment and for sustaining progress toward ending the epidemic.” | <p>reported to CMS as part of the annual Adult Core Measure Set reporting for Medicaid clients.</p> <ol style="list-style-type: none"> 3. This measure aligns with “Ending the HIV epidemic” and “Treatment as prevention” initiative. Recommendation to keep this measure as will be deprioritized in new administration. | |
| <p>Mental Health Service Rate (Broad Version)</p> | <p>Email from Kiki Fabian, HCA</p> | <p>“Was there any discussion of the why [this measure is recommended for removal]? I can imagine some reasons, but curious what the rationale from the group was. Also...I don’t always fully understand the connection between the WCMS and other performance metric things like the RDA BH Performance Measures and the MCO Report Cards...and not sure if removal from WSCMS impacts those other reporting/measure things?”</p> | <ol style="list-style-type: none"> 1. 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. 2. Health plans are unable to reliably recreate RDA measures. 3. David recommended that the committee consider the addition | <p>Opportunity to discuss BH as focal topic next year, revisit why this measure was not selected but how can we continue to bring updates on this measure to the PMCC and address future follow-up requests from public.</p> |

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. He also believes those measures are actionable and meaningful at the plan regional scale.

4. Lastly, there was consideration for state developed measures and whether they could be moved into a monitoring category or removed from the list entirely as long as HCA continues to be able to measure these items.

5. For the WSCMS purposes, the RDA social recovery measures are legislatively mandated and will remain on the measure set for monitoring. The mental health penetration broad was also selected to

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| | | | remain on our monitoring set. | |
| <p>Person-Centered Contraceptive Counseling Measure (PCCC-RS)</p> | <p>Letter from measure developers and participants (Andrea Estes, Beth Tinker, Tenaya Sunbury) for PMCC.</p> <p>Link to measure: pcccmeasure.ucsf.edu/retrospective-pccc</p>  <p>Washington State PMCC PCCC-RS publi</p> | <ul style="list-style-type: none"> • “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 collecting data on patient experience of contraceptive counseling to enhance measurement of and attention to patient-centered contraceptive care.” • “We believe this measure, endorsed by the Partnership for Quality Measurement, 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.” | <ol style="list-style-type: none"> 1. PCCC-RS addresses priorities such as preventative health care, reinforcing patient safety, and measuring quality from the patient-lens, to name a few. Through our implementation, we can confidently say PCCC-RS meets the breadth of the measure set criteria, especially in its implementation ease and readiness, inclusion of various stakeholders, and alignment to Governor Ferguson’s reproductive health care and consumer priorities. 2. We are encouraged by our 2025 pilot results and how it informs us about the patient experience, their care, and subsequent disparities; the HCA | <p>Opportunity to consider as a next year addition to our monitoring measures.</p> <p>“We would welcome an opportunity to present our pilot year’s findings, and future implementation plans.”</p> |

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| | | | <p>FPO team intends to implement the PCCC-RS across the next subsequent years of the waiver, establishing a baseline and working toward utilizing the data for quality improvement efforts and equity outcomes in Washington.</p> <p>3. We also believe this work can inform replication or scaling to other health plans and systems for accountability.</p> | |
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Comprehensive list of recommended measures [here](#)