

Child Health Services: Provider Performance

Engrossed Substitute House Bill 2128; Chapter 463; Laws of 2009;
Substitute Senate Bill 5835; Chapter 294; Laws of 2017
September 15, 2018



Child Health Services: Provider Performance

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Executive Summary

This report is the fifth in a series of biennial reports, beginning in September 2010. It presents child health performance measures and information about newborn care practices for children enrolled in Apple Health (Medicaid). Two laws direct the Health Care Authority (HCA) to provide a report on provider performance on a set of explicit performance measures that indicate whether the overall health of enrolled children is improving and if birthing facilities are adhering to two newborn care practices. This report presents data for calendar years 2012–2016.

In this report we chose measures based on the indicators and goals listed in the statutes with consideration of data availability and feasibility of reporting. We included perinatal measures as part of this Child Health Services report because they have a powerful influence on child health. Measures related to service delivery were chosen because prevention and access to care at the appropriate time impacts outcomes. The measures chosen come from several sources and most are National Quality Forum (NQF) endorsed.

Washington State continues to rank well when compared nationally. We found that our state performed favorably for eight indicators, ranking in the first or second quartiles of reporting states in 2015. In the four measures in which we lagged behind in comparison to other reporting states, the gaps in rates between our state and the national median were small. We found an improving trend in our state's performance over the years 2012–2016 for nine measures. Disparities amongst racial and ethnic communities continue to be noted in several measures. There is also variation in performance across Apple Health payers.

While we identified a few measures where our state has room to improve the small difference between our state's rates and the national medians suggests that improving our rates and rankings is feasible. Work continues on quality improvement to sustain and improve rates moving forward.



Introduction

This report is the fifth in a series of biennial reports, beginning in September 2010. It presents child health performance measures and information about newborn care practices for children enrolled in Apple Health (Medicaid). Two laws direct the Health Care Authority (HCA) to report on provider performance on a set of explicit performance measures that indicate whether the overall health of enrolled children is improving and if birthing facilities are adhering to two newborn care practices.

- Engrossed Substitute House Bill 2128, Chapter 463, Laws of 2009, RCW 74.09.480, Section 1 states that the performance indicators included in the report “may include, but are not limited to:”
 - Childhood Immunization Rates;
 - Well Child Care Utilization Rates;
 - Care Management for Children With Chronic Illnesses;
 - Emergency Room Utilization;
 - Visual Acuity and Eye Health;
 - Preventive Oral Health Service Utilization; and
 - Children’s Mental Health Status.
- Substitute Senate Bill 5835, Chapter 294, Laws of 2017, RCW 74.09.475, Section 1 lists two policies and procedures to be included in this report:
 - Skin-to-skin placement of the newborn on the mother's chest immediately following birth; and
 - Rooming-in practices in which a newborn and a mother share the same room for the duration of their post-delivery stay.

In this report, we chose 21 measures/sub-measures¹ and one survey, based on the indicators and goals listed in the statutes with consideration of data availability and feasibility of reporting. We included perinatal measures as part of this Child Health Services report because they have a powerful influence on child health. Measures related to service delivery were chosen because access to care at the appropriate time and prevention both impact outcomes. The measures chosen come from several sources. Most are National Quality Forum (NQF) endorsed and part of:

- Centers for Medicare and Medicaid Services (CMS) Child Core Set of Health Care Quality Measures
- The Joint Commission performance measures

Some of these measures are also used by HCA to track performance of Managed Care Organizations (MCOs) and the Accountable Communities of Health (ACHs), as well as in reporting to Results WA. We also chose to include survey results showing Washington’s performance on the Centers for Disease Control (CDC) National Survey of Maternity Practices in Infant Nutrition and Care (mPINC). When possible we compared Washington State’s performance to that of other reporting states,

¹ We chose 15 measures, of which two have sub-measures, bringing the total to 21.
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show our state's performance over time, and compare performance between different populations, such as:

- Apple Health payer, including both MCOs and Fee-for Service (FFS)
- Race and ethnicity
- Non-Medicaid clients

Some data presented is not specific to Apple Health enrollees as it is not available at that level. Particularly, there are no nationally standardized measure definitions or on-going collection of data to determine the adherence to newborn care practices related to rooming-in and skin-to skin placement of newborns. We decided on two proxies for this year's report; Exclusive Breastmilk Feeding in hospitals and results of the 2015 CDC mPINC survey. We chose these because the practices identified in the SSB 5835 are part of the pathway to successful outcomes for exclusive breast milk feeding while in the hospital and encouragement of longer-term exclusive breast milk feeding after discharge.

Appendix A shows a summary of the data included in the individual measure and survey tables listed in Appendices C and D. Appendix B describes background and technical information related to how the selected measures are defined and used. This report presents data for calendar years 2012–2016. Comparisons to other states are for 2015. We present the Summary Table and Key Findings as a snap shot of providers' performance for the following:

- Getting clients in for regular preventive visits and screenings that are associated with the health of newborns and children enrolled in Apple Health.
- Improving health outcomes such as low birth weight, breastfeeding, Cesarean sections, and emergency room visits.

Key Findings and Discussion

Washington State continues to rank well when compared nationally. We found that our state performed favorably for eight indicators, ranking in the first or second quartiles of reporting states in 2015. In the four measures in which we lagged behind in comparison to other reporting states, the gaps in rates between our state and the national median were small. We found an improving trend in our state's performance over the years 2012–2016 for nine measures. Disparities amongst racial and ethnic communities continue to be noted in several measures. There is also variation in performance across Apple Health payers. (See Appendix A.)



Comparing Washington State Performance to 2015 National Rankings

These rankings should be interpreted with caution, especially for measures where the differences between our data and the national median were relatively small. Appendix B describes the limitations further.

For the following six measures, our state ranked in the top quartile of reporting states in 2015 (2016 for one):

- Low Birthweight rates were 7.2% in 2015 and 7.1% in 2016. Both were better than the national median rate of 8.9% in 2015 and exceeded the Healthy People 2020 target rate of 7.8%.
- Frequency of Ongoing Prenatal Care rate was 68.6% in 2015 and 67.0% in 2016. Both were better than the national median rate of 61.5% in 2015.
- Exclusive Breast Milk Feeding rate for babies discharged from Joint Commission accredited hospitals was 76.5% in 2016. This is much better than both the national average of 53.1% and better than the top 10% of states at 75.0% in that same year. CDC reported that in 2013 Washington's rate of 87.4% exceeded the Healthy People 2020 target of 81.9% for initiating breastfeeding.
- Maternity and newborn care practices scored 83 out of 100, ranking Washington in the top 10 (18.8%) of 53 states, territories, and the District of Columbia in the 2015 CDC mPINC survey. This survey showed that, in Washington, skin-to-skin contact for 30 minutes was achieved within one hour of a vaginal delivery in 88% of surveyed birthing facilities. Rooming-in for infants was practiced universally by all hospitals, and infants were not separated from mothers in 93% of surveyed birthing facilities.
- Immunizations for Adolescents (IMA Combination 1) rates were 71.9% in 2015 and 73.2% in 2016. Both were better than the national median rate of 70.3% in 2015.
- Human Papillomavirus Vaccine for Female Adolescents rate was 25.4% in 2015 and 22.6% in 2016. Both were better than the national median rate of 20.8% in 2015.

For the following two measures, Washington is in the second quartile of reporting states in 2015:

- Emergency Department Visit rates for Medicaid children up to age 19 were 41.0 per 1,000 member months in 2015 and 39.3 per 1,000 member months in 2016. Both were better than the national median rate of 43.3 per 1,000 member months in 2015.
- Chlamydia Screening rates were 48.8% in 2015 and 48.5% in 2016. The 2015 rate was equal to the 2015 national median rate, and the 2016 rate was only slightly lower.
- We also found areas for improvement where our state ranked in the third or fourth quartile of reporting states in 2015. Some of these measures are showing improvement. Access to Primary Care Providers measures, which include four sub-measures by age group, were below the national median in 2015. The rate for children 25 months to 6 years was 3.1% lower, while the difference in rates between other age groups (12-24 months, 7-11 years and 12-19 years) and the national medians were smaller (less than 3%).

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- Well-Child Visits measures, which include three sub-measures by age group were below the national median by more than 5%. The rates were lower by 8% for 15-month-olds, by 5.5% for children 3 to 6 years old, and by 9.0% for Adolescent Well-Care Visits. 2016 rates are higher for 15 month olds and adolescents although still not at the national median.
- Timeliness of Prenatal Care was 2.9% lower than the national median.
- Childhood Immunizations (Combination 3) rates were 5.2% below the national median.

Washington State's Trends from 2012 to 2016

We found the state's performance in the following measures improved from 2012 to 2016.

- Contraceptive Care among Postpartum Women Ages 15-20 increased by 33.8%, from 31.1% in 2012 to 41.6% in 2016.
- Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Section decreased by 9.3%, from 22.7% in 2012 to 20.6% in 2016.
- Immunization Status for Adolescents increased by 11.2%, from 65.8% in 2012 to 73.2% in 2016.
- Well-Child Visits in the first 15 Months of Life increased by 19.6%, from 47.5% in 2012 to 56.8% in 2016.
- Well-Child Visits 3-6 years increased by 6.1%, from 58.7% in 2012 to 62.3% in 2016.
- Adolescent Well-Care Visits increased by 16.3%, from 32.5% in 2012 to 37.8% in 2016.
- Emergency Room (ER) Visits for children younger than age 19 decreased by 2.2%, from 40.2% in 2012 to 39.3% in 2016.
- Chlamydia Screening in Women Ages 16-20 increased by 9.2%, from 44.4% in 2012 to 48.5% in 2016.
- Human Papillomavirus Vaccine increased by 1.3%, from 22.3% in 2012 to 22.6% in 2016.

We found areas for improvement where measures trended down slightly from 2012-2016.

- Timeliness and Frequency of Prenatal Care have both declined slightly by 1.9% (from 78.2% in 2012 to 76.7% in 2016) and 3.9% (from 69.7% in 2012 to 67.0% in 2016), respectively.
- Low Birth Weight increased by 7.6%, from 6.6% in 2012 to 7.1% in 2016.
- Access to Primary Care has declined for the younger age groups and remained stable for the older age groups.

Comparison of Performance by Apple Health Payer Type for 2016

There are three payer types in which clients are enrolled: five MCOs, Native Health Primary Care Case Management (PCCM) providers, and HCA fee-for-service. We found the rates of the following measures varied by payer type:

- Effective methods for Contraceptive Care rates among all women ages 15-20 were higher in FFS, while the rates of the same measure among postpartum women were lower in FFS than that of MCOs.

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- PCCM lagged in rates of Frequency of Prenatal Visits, Well-Child Visits, and Adolescent Well-Care Visits compared to FFS and MCOs.
- Ambulatory Care (Emergency Department Visits) varied widely by age group and payer type.

Comparison of Performance by Race and Ethnicity for 2016

We found that patterns of racial/ethnic disparities varied for the following measures:

- Timeliness and frequency of prenatal care rates were best for Asian women and worst for American Indians/Alaska Natives and Hawaiian/Pacific Islanders.
- NTSV Cesarean Delivery rates were highest for African American and Hawaiian/Pacific Islander women (47.7% and 52.8% higher than the 2016 state average, respectively). American Indians/Alaska Natives had the lowest NTSV Cesarean Section rate.
- Low Birth Weight rates were highest for African Americans (47.3% higher than the 2016 state average) and lowest for Hawaiian/Pacific Islanders. Asians and American Indian/Alaska Native women had rates above the average for all Apple Health, but less than the previous year of 2015.
- Well Child Visits and Children’s Access to Primary Care Providers tended to be most favorable for Asian and Hispanic children and tended to be least favorable for American Indian/Alaska Native, Hawaiian/Pacific Islander, and White children.
- Emergency Department Visits rates for children age one were more than 35% higher for American Indians/Alaska Natives than that of White children. Since 2012 there is a positive trend as the number of visits per 1,000 months has declined for all races. However it has increased for Hispanics. For other age groups it appears that ER visits are remaining stable.

Newborn Care Practices

We presented two proxy indicators to set a baseline for assessing performance on newborn care in the “Key Findings” above. RCW 74.09.475 took effect after the time period being reported in this report (2012-2016). As noted above, Washington State already performs very well compared to other states in this area and had universal policies on skin-to-skin and rooming-in for newborns prior to the 2017 legislation requiring these policies and procedures. Below we present current information on the status of these policies and procedures in Washington and the complexity of measuring them directly.

We queried non-military hospitals by email in 2018 to confirm what we were told in 2017. Thirty-nine percent (39%) of the birthing hospitals contracted with HCA responded. Of those responding, all have policies in place and most have no barriers to having 100% contact between newborns and mothers during the hospital stay. The few barriers identified are medical conditions of the newborn or mother, cultural practices of the mother and family, and hospital practices when a delivery occurs in a general surgical suite. This last barrier is primarily an issue for small hospitals that do not have a dedicated obstetrical staff and operating room. We assume that all the licensed freestanding childbirth centers in Washington adhere to their policies because these policies are

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consistent with the birth center model of care, only low risk births occur in these facilities, and postpartum stays are typically under four hours. Therefore we did not query them for this year's report.

Department of Health (DOH) provides technical assistance to birthing facilities and clinics to become designated as Breastfeeding Friendly Washington (BFWA)². Thirty hospitals and five freestanding childbirth centers have completed this process and three are on the path. The Breastfeeding Friendly Washington program takes into account a hospital's size and staffing, number of Medicaid patients they support, community barriers or risk factors, and other attributes that make each hospital unique in their role for breastfeeding support. DOH shared with us that the barriers to becoming a BFWA facility are: cultural norms amongst staff, staff training, comfort in the operating room (OR) and recovery areas in hospitals that do not have dedicated obstetrical staff for those areas, costs to expand electronic medical records to record these practices, costs to have staff extract data, and adequate reimbursement for lactation consultants/specialists. Eight of the BFWA facilities are also Baby-Friendly USA^{®3} designated. Baby-Friendly USA charges fees to receive the designation, and is therefore not accessible to many facilities. Facilities recognized through Breastfeeding Friendly Washington can build upon their efforts towards a Baby-Friendly USA designation.

Currently, it is challenging to adequately measure adherence to newborn care practices due to the following:

- There are no nationally vetted performance measures;
- Facility policies are not captured in administrative claims data collected by HCA;
- Not all facilities have the ability to capture this information in their electronic health record (EHR); and
- Facilities do not have the staff resources to extract medical records to obtain this data.

HCA is investigating the feasibility of initiating work with DOH and DSHS on developing state-vetted measures for skin-to-skin and rooming-in practices that align with DOH's Breastfeeding Friendly Washington program. Even if this is possible, collecting the data is more challenging than the other measures utilized in this report since it is based on medical record rather than administrative data.

² Breastfeeding Friendly Washington is a voluntary recognition program developed and managed by the Washington State Department of Health which designates hospitals, birth centers, and clinics as breastfeeding friendly based on World Health Organization's (WHO) Ten Steps to Successful Breastfeeding. For more information, see: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/BreastfeedingFriendlyWashington> and <http://www.who.int/nutrition/bfhi/ten-steps/en/>.

³ The Baby-Friendly[®] Hospital Initiative is an international designation program developed by the World Health Organization and the United Nations Children's Fund and implemented by Baby-Friendly[®] USA. Find more information at <https://www.babyfriendlyusa.org>.

Conclusion

While we identified a few measures where our state has room to improve, the strategies to address the need for improvement vary by specific measures. The small difference between our state's rates and the national medians suggests that improving our rates and rankings is feasible. Improving performance in Immunizations, Well-Child Visits for Children, and Adolescents Well-Care Visits may need new strategies, yet the increasing trends from 2012 to 2016 are promising.

For many measures, large differences were observed for children across racial and ethnic differences. The patterns of racial/ethnic disparities varied for measures related to prenatal care, delivery and infant and child health service use.

We continue to perform well in perinatal care and immunizations for adolescents compared to other states. We found that the newborn practices identified in RCW 79.09.475 were already standard practice prior to the law's enactment and that facilities are performing well at utilizing them. Work continues on quality improvement to sustain and improve rates moving forward. We continue to partner with Department of Health and other organizations (i.e. Washington State Hospital Association, the Midwives Association of Washington State, March of Dimes, and other professional associations) on these quality improvement efforts.



Appendix A: Summary of Performance, 2012–2016

		Rate						2015 National Comparison*			
Table	Measure	2012	2013	2014	2015	2016	% Change 2012–2016	# States Reporting	Median Rate	Quartile Rank	
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	78.2	78.2	76.7	76.5	76.7	-1.9%	40	79.4	3
	2	Frequency of Ongoing Prenatal Care (FPC)	69.7	70.7	73.8	68.6	67.0	-3.9%	33	61.5	1
	3	Low Birth Weight (LBW)	6.6	6.9	7.1	7.2	7.1	7.6%	30	8.9	1
	4	Cesarean Delivery Rate (NTSV) (PC02)	22.7	22.1	21.2	21.2	20.6	-9.3%	N/A	N/A	N/A
	5	Exclusive Breast Milk Feeding (PC05)	N/A	N/A	N/A	N/A	76.5	N/A	See Table C.5		
	6	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)	31.1	36.4	41.0	37.9	41.6	33.8%	N/A	N/A	N/A
Preventive Care	7	Childhood Immunizations by Age Two (CIS): Combination 3	64.2	64.2	64.9	63.3	64.0	-0.3%	45	68.5	3
	8	Immunizations for Adolescents Who Turned 13 (IMA): Combination 1	65.8	69.6	70.8	71.9	73.2	11.2%	44	70.3	1
	9	Human Papillomavirus Vaccine (HPV)	22.3	24.5	25.6	25.4	22.6	1.3%	42	20.8	1
	10	Well-Child Visits: Ages 31 Days–15 Months (W15)	47.5	48.8	55.2	52.8	56.8	19.6%	46	60.8	4
	11	Well-Child Visits: Ages 3–6 Years (W34)	58.7	58.6	63.9	62.5	62.3	6.1%	47	68.0	3
	12	Adolescent Well-Care Visits (AWC)	32.5	33.8	37.4	36.1	37.8	16.3%	46	45.1	3
Access to Care	13	Chlamydia Screening in Women Ages 16–20 Years (CHL)	44.4	44.4	47.3	48.8	48.5	9.2%	45	48.8	2
	14.1	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months	96.3	96.0	96.0	95.5	95.1	-1.2%	46	95.2	3
	14.2	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years	86.0	85.8	86.0	84.6	83.7	-2.7%	46	87.7	4
	14.3	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7-11 Years	88.2	89.7	90.1	89.7	88.7	0.6%	46	90.9	3
Acute Care	14.4	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years	87.4	89.2	89.2	88.8	88.2	0.9%	46	89.6	3
	15.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	40.2	40.3	40.5	41.0	39.3	-2.2%	45	43.3	2
	15.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	79.3	81.1	78.5	79.8	76.9	-3.0%	N/A	N/A	N/A
	15.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	40.0	40.9	40.9	41.4	39.3	-1.7%	N/A	N/A	N/A
	15.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	33.7	32.5	34.1	34.8	34.0	1.0%	N/A	N/A	N/A

Survey Results	Score						2015 National Comparison*	
	2007	2009	2011	2013	2015	% Change 2007–2015	# States, Territories, and District of Columbia Reporting	Rank
Maternity Practices in Infant Nutrition and Care (mPINC)	72	75	77	82	83	15.3%	53	10

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SOURCE: Prepared in collaboration with DSHS Research and Data Analysis Division.

NOTES:

- Years are calendar years. Limited to measures calculated administratively by RDA.
- *National Percentile ranking per CMS for measures with at least 25 states reporting. 2015 is the most recent measurement year available. Quartiles: 1=Top quartile (>=75th percentile), 2=50th-74th percentile, 3=26th-49th percentile, 4: bottom quartile (<=25th percentile). Quartile 1 includes the best rates, regardless of whether lower or higher rates are most desirable.
- See <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2017-child-chart-pack.pdf>
- Rates shown are percentages except for AMB, which is ED visits per thousand beneficiary months.
- NTSV=Nulliparous Term Singleton Vertex.
- CIS Combination 3 = at least 4 diphtheria, tetanus, and acellular pertussis + 3 polio + 1 measles, mumps, and rubella + 3 H influenza type B + 3 Hepatitis B + 1 chicken pox + 4 pneumococcal conjugate. IMA Combination 1 = at least one meningococcal vaccine on or between their 11th and 13th birthday and at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between their 10th and 13th birthdays.
- HPV vaccine for female adolescents was changed from a standalone measure to a new rate within the IMA measure in 2016.

KEY:

N/A	Indicates that data were unavailable or there were fewer than 25 states reporting.
Green	Indicates a favorable change between 2012 and 2016.
Red	Indicates an unfavorable change between 2012 and 2016.



Appendix B: Background and Technical Notes

HCA chose measures used by: CMS, The Joint Commission, and HCA for tracking outcomes and performance of the state, MCOs, ACHs, and HCA. The measures and their definitions are listed below. Data to calculate the measures came from the following sources: Medicaid claims, encounters, and eligibility records from the Medicaid Management Information System (ProviderOne); vital records;⁴ and immunization history.⁵

The majority of Medicaid beneficiaries in Washington (81%) are enrolled in managed care. In 2016, five managed care organizations (MCOs) — Amerigroup Washington Inc., Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, and United Healthcare Community Plan — served Medicaid clients. In addition, Native Health agencies provided primary care case management (PCCM) services funded through capitation payments. Two MCOs — Community Health Plan and Molina Healthcare — contracted with the HCA for the entire five years of this report. Amerigroup, Coordinated Care, and United Healthcare began contracting with Health Care Authority (HCA) on July 1, 2012. Columbia United Providers resumed contracting with HCA on January 1, 2015, and ceased contracting on December 31, 2015.

	TABLE	MEASURE	DEFINITION ⁶	DATA SOURCE
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery. NOTE: This is an Accountable Communities of Health measure.	Birth certificates linked to Medicaid claims and eligibility
	2	Frequency of Ongoing Prenatal Care (FPC)	The percentage of deliveries that received ≥81% of expected visits, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery.	Birth certificates linked to Medicaid claims and eligibility

⁴ Vital records include birth certificates from the Department of Health Center for Health Statistics, individually linked to Medicaid clients in the First Steps Database, Department of Social and Health Services, Research and Data Analysis.

⁵ Immunization history includes records from Department of Health’s Washington Immunization Information System, formerly known as Child Profile, individually linked to Medicaid clients.

⁶ The CMS Child Core Set measure definitions are as specified in the set’s Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.



	TABLE	MEASURE	DEFINITION ⁷	DATA SOURCE
Perinatal Care	3	Low Birth Weight (LBW)	Percentage of live births that weighed less than 2,500 grams (5.5 pounds). NOTE: This is a Results Washington measure.	Birth Certificates (linked to Medicaid claims and eligibility)
	4	Cesarean Delivery Rate (NTSV) (PC02)	Percentage of women that had a Cesarean delivery among women with first live singleton births in a vertex position at 37 weeks gestation or later, also known as Nulliparous, Term, Singleton, Vertex (NTSV) . NOTE: This is a Results Washington measure.	Birth Certificates (linked to Medicaid claims and eligibility)
	5	Exclusive Breast Milk Feeding (PC05)	Exclusive breast milk feeding during the newborn's entire hospitalization (Newborn identified as single term newborns ≥ 37 weeks gestation at delivery discharged alive from the hospital, NICU admissions excluded)	Administrative data combined with chart reviewed data
	6	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)	The percent of women ages 15–20 using female sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectable, oral pills, patch, ring, or diaphragm within 60 days of delivery. NOTE: This is an Accountable Communities of Health measure.	Birth certificates linked to Medicaid claims and eligibility
Preventive Care	7	Childhood Immunizations by Age Two (CIS)	Percentage of children that turned 2 years of age during the measurement year and had specific vaccines by their second birthday. The measure calculates a rate for each vaccine and nine combination rates. NOTE: This is a Results Washington measure and a Managed Care Contract measure.	Administrative data linked to immunization registry data (Washington State Immunization Information System)

⁷ The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.



	TABLE	MEASURE	DEFINITION ⁸	DATA SOURCE
Preventive Care	8	Immunizations for Adolescents Who Turned 13 (IMA)	Percentage of adolescents that turned 13 years old during the measurement year and had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.	Administrative data linked to immunization registry data (Washington State Immunization Information System)
	9	Human Papillomavirus Vaccine (HPV)	Percentage of female adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus vaccine by their 13th birthday. NOTE: <i>Starting for reporting of 2017 data to CMS, this is no longer a standalone measure and is added to Immunizations for Adolescents.</i>	Administrative data linked to immunization registry data (Washington State Immunization Information System)
	10	Well-Child Visits: Ages 31 Days–15 Months (W15)	Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a primary care practitioner during their first 15 months of life. NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Administrative
	11	Well-Child Visits: Ages 3–6 Years (W34)	Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year. NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Administrative

⁸ The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.



	TABLE	MEASURE	DEFINITION ⁹	DATA SOURCE
Preventive Care	12	Adolescent Well-Care Visits (AWC)	Percentage of adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner or an obstetrics-gynecology (OB-GYN) practitioner during the measurement year.	Administrative
	13	Chlamydia Screening in Women Ages 16–20 Years (CHL)	The percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. NOTE: This is an Accountable Communities of Health measure.	Administrative
Access to Care	14.1	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–24 Months	Percentage of children and adolescents ages 12 months to 24 months that had a visit with a PCP.	Administrative
	14.2	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 25 Months–6 Years	Percentage of children and adolescents ages 25 months to 6 years that had a visit with a PCP.	Administrative
	14.3	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 7-11 Years	Percentage of children and adolescents ages 7 years to 11 years that had a visit with a PCP.	Administrative

⁹ The CMS Child Core Set measure definitions are as specified in the set’s Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.



	TABLE	MEASURE	DEFINITION ¹⁰	DATA SOURCE
Access to Care	14.4	Child and Adolescent Access to Primary Care Practitioners (CAP): Ages 12–19 Years	Percentage of children and adolescents ages 12 years to 19 years that had a visit with a PCP.	Administrative
Acute Care	15.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	Rate of ED visits per 1,000 member months among children up to age 19. This measure is reported to CMS as an overall and calculated for three age groups for State reporting: less than 1, 1 to 9, and 10 to 19.	Administrative
	15.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	Rate of ED visits per 1,000 member months among children ages 0 years to 1 year.	Administrative
	15.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	Rate of ED visits per 1,000 member months among children ages 1 year to 9 years.	Administrative
	15.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	Rate of ED visits per 1,000 member months among children ages 10 years to 19 years.	Administrative

¹⁰ The CMS Child Core Set measure definitions are as specified in the set’s Technical Specifications and Resource Manual. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>.



CMS Child Core Set of Health Care Quality Measures

The Child Core Set of Health Care Quality Measures (child core set) is an evolving set of quality measures for children that states voluntarily report or that the U.S. Department of Health and Human Services extracts from public data sources (1, 2). The child core set has five domains: 1) primary care access and preventive care; 2) maternal and perinatal care; 3) behavioral health care; 4) care of acute and chronic conditions; and 5) dental and oral health services.

CMS separates several measures in the Child Core Set into sub-measures that are based on age or other factors.¹¹ CMS updates the Child Core Set over time by retiring measures and adding new measures through an annual review process.

Since 2011, CMS has released data on the Child Core Set in the “Annual Report on the Quality of Care for Children in Medicaid and CHIP” (CMS Annual Report).¹² That annual report includes:

- Data voluntarily submitted by the states and data that the CMS extracts from public data sources;^{13,14,15} and
- Comparisons between states’ performance, ranking at least 25 states that each report on the same measure.

The most recent CMS Annual Report is for calendar year 2015 and includes performance data and rankings on 26 measures and sub-measures. The CMS Annual Report calculates the reporting states’ median performance measure rates. The report also ranks states by percentile and quartile. The first quartile contains the highest-performing states and the fourth quartile contains the lowest-performing states.¹⁶

¹¹ For example, Child and Adolescent Access to Primary Care Providers is a primary measure but it is reported for multiple age groups, which are counted as four sub-measures.

¹² Available on the Medicaid.gov website available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>.

¹³

¹⁴ For a primer on the basics, background, and status of quality measurement and improvement in Medicaid and CHIP, see “Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders,” available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>.

¹⁵ In calendar year 2015 data, Washington State reported 14 measures calculated by RDA, Body Mass Index (BMI) from HEDIS, CMS extracted Percentage of Eligible who Received Preventive Dental Services (PDENT), and Pediatric central Line-Associated Bloodstream Infections (CLABSI).

¹⁶ The minimum threshold of 25 reporting states was reached on 18 primary measures. Several of the 18 measures are broken down by age or other detail, resulting in 26 measures and sub-measures that are included in this brief.



CMS Child Core Measure Data Limitations

When comparing a state's CMS Child Core Set measure data to the national data contained in the CMS Annual Report, it is important to consider the following limitations:

- There are no national benchmarks for the Child Core Set measures.
- Each measure's national median is based on data that states voluntarily report each year.
- Some states do not report on some measures, and not every state reports on the same measures each year.
- State rankings on a measure may not be comparable between years.
- A lower ranking on a measure does not necessarily indicate a larger gap between that state's rate and the national median, especially when the difference between the state's rate and the national median is relatively small.
- Data in the 2015 CMS Annual Report is one year older than the most recent state data on the CMS Child Core Set, meaning national comparison data is not yet available for care delivered in calendar year 2016.

Measures Chosen From the Child Core Set

In this report, we present data from calendar years 2012–2016 for the same 14 measures and their sub-measures Washington State reported in the 2015 CMS Annual Report. The 14 measures are:

1. Timeliness of Prenatal Care (PCP)
2. Frequency of Ongoing Prenatal Care (FPC)
3. Low Birth Weight (LBW)
4. Cesarean Delivery Rate (NTSV) (PC02)
5. Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)
6. Childhood Immunizations by Age Two (CIS)
7. Immunizations for Adolescents Who Turned 13 (IMA)
8. Human Papillomavirus Vaccine (HPV)
9. Well-Child Visits: Ages 31 Days–15 Months (W15)
10. Well-Child Visits: Ages 3–6 Years (W34)
11. Adolescent Well-Care Visits (AWC)
12. Chlamydia Screening in Women Ages 16–20 Years (CHL)
13. Child and Adolescent Access to Primary Care Practitioners (CAP)
14. Ambulatory Care — Emergency Department Visits (AMB)

The Joint Commission

The Joint Commission collects performance measures from hospitals accredited by The Joint Commission as part of their quality initiatives. There is a specific set of Perinatal Care measures that are evidenced-based and endorsed by the National Quality Forum (NQF). The Perinatal Care set consists of five measures, two of which we decided to include in this report NTSV and exclusive



breastfeeding at discharge. These are reportable only by hospitals accredited by Joint Commission and therefore do not include childbirth centers and hospitals accredited by other organizations.

Prior to 2014, hospital submission of Perinatal Care Measure data was voluntary, so most hospitals were not submitting this data to The Joint Commission prior to 2014. In January of 2014 Joint Commission began to require Perinatal Care Measure data for hospitals that had $\geq 1,100$ per year delivery volume. In January 2016 Joint Commission lowered the delivery volume threshold to ≥ 300 deliveries per year for requirement of submission of data so then hospitals with lower delivery volume began to submit data. The publicly available data is only available in rolling quarters for the past 12 months.

There are two measures reported that are defined by The Joint Commission. One is the NTSV Cesarean Measure that is also included in the CMS Child Core Set described above and Exclusive Breast Milk Feeding.

Exclusive breast milk feeding for the first 6 months of neonatal life has long been the expressed goal of World Health Organization (WHO), Department of Health and Human Services (DHHS), American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG). Cochrane reviews also substantiate the benefits and much evidence has focused on the prenatal and intrapartum period as critical for the success of exclusive (or any) breastmilk feeding.

In 2016 in Washington 31 hospitals reported on Exclusive Breast Milk Feeding. The data in Table 7 came from Suzan Walker, RN at University of Washington Medical Center, who put together a presentation that included calendar year 2016 data for Washington hospitals accredited by The Joint Commission.

Results WA

Results Washington (WA) is a continuous quality improvement system with 16 participating state agencies/groups including HCA. Results WA uses the latest technology to gather, review, and display performance data so that Washington residents can see how well state government and partners are delivering services and meeting performance goals. Goal 4 is “healthy and safe communities.” The goals from the Healthy Babies category were compared with the specific measures of the child core set when available.¹⁷

National Survey of Maternity Practices in Infant Nutrition and Care (mPINC)

The CDC conducts a survey every few years to hospitals and childbirth centers that asks questions about policies, practices, and protocols related to staff training, newborn/maternal contact, infant

¹⁷ More information about Results WA is available at: <http://www.results.wa.gov/goals-progress/goals/healthy-safe-communities/goal-map>
Child Health Services: Provider Performance
September 30, 2018



feeding, and discharge planning. This is voluntary and CDC does not provide individual facility responses.

The CDC calculates scores on a scale from 0–100, for most individual survey items, with higher scores denoting better maternity care practices and policies. CDC calculates Facility mPINC Subscores across 7 maternity care practice domains, which in turn contribute to every facility’s Total Facility mPINC Score.¹⁸ The maternity practice domains are:¹⁹

1. Labor and Delivery Care
2. Postpartum Care: Feeding of Breastfed Infants
3. Postpartum Care: Breastfeeding Assistance
4. Postpartum Care: Contact between Mother and Infant
5. Facility Discharge Care
6. Staff Training
7. Structural and Organizational Aspects of Care Delivery

This survey is limited because: it is voluntary, the CDC does not release individual facility results, and it has not been administered since 2015.

The following tables contain mPINC survey measures in the “Labor and Delivery Care” and “Postpartum Care: Contact between Mother and Infant” domains that are relevant to skin-to-skin contact and rooming-in practices.²⁰

Labor and Delivery Care

Measure	Explanation	Survey Item	Scoring Algorithm
Initial skin-to-skin contact	Reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 1 hour of uncomplicated vaginal birth.	A5	100=Most 70=Many 30=Some 0=Few
	Reports how many patients experience mother-infant skin-to-skin contact for at least 30 minutes within 2 hours for uncomplicated Cesarean birth.	A11	100=Most 70=Many 30=Some 0=Few

¹⁸ Scoring: Maternity Practices, available from: <https://www.cdc.gov/breastfeeding/data/mpinc/scoring.htm>

¹⁹ mPINC Sample Benchmark Report, available from: <https://www.cdc.gov/breastfeeding/pdf/mpinc/Sample-Benchmark-Report.pdf>

²⁰ mPINC Scoring Algorithm, available from: https://www.cdc.gov/breastfeeding/pdf/SCORING_ALGORITHM_mPINC09-508_tagged.pdf



Postpartum Care: Contact between Mother and Infant

Measure	Explanation	Survey Item	Scoring Algorithm
Separation of mother & infant during transition	Reports how many minutes mother-infant patient pairs are separated after uncomplicated vaginal births during the transition from labor and delivery care to their receiving patient care units.	A08a	100: No separation 90: ≤30 70: 31-60 30: 61-90 0: >90

Measure	Explanation	Survey Item	Scoring Algorithm
Patient rooming-in	Reports how many hours breastfeeding mother-infant patient pairs are separated at night.	A28	100: No separation 90: ≤30 70: 31-60 30: 61-90 0: >90
	Reports what percent of mother-infant patient pairs room together ≥23 hours per day.	A31	100=90%+ 70=50-89% 30=10-49% 0=0-9%
Instances of mother-infant separation	Reports the number of reasons that infant patients are removed from mothers' rooms. Potential reasons for removal included: pediatric rounds, change of shift, visiting hours, hearing test, heel stick, infant photos, infant's bath, mother bathing, mother out of room. Only "mother bathing" and "mother out of room" were considered valid reasons for mother-infant separation. Individual reasons are counted (Few infants removed for the reason=0; Some/Many/Most infants removed for the reason=1) and then summed.	A30	100=0 70=1-3 30=4-6 0=7
	Reports how many breastfeeding patients who are not rooming-in receive their infant from the nursery for breastfeeding at night.	A29	100=Most or All 70=Many 30=Some 0=Few



Healthy People 2020

The Department of Health and Human Services' Healthy People 2020 tracks important health topic areas including the indicators on maternal, infant, and child health. The science-based national objectives for improving the health of mothers, infants, and children's health were compared with the specific measures of the child core set when available.²¹

²¹ More information about Health People 2020 is available at: <https://www.healthypeople.gov/node/3492/data-details>



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Table 1a. Timeliness of Prenatal Care (PPC), by Managed Care Plan 2012–2016

Measure PPC -- Timeliness of Prenatal Care
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment
Washington Medicaid Women with Births 2012-2016 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012			2013			2014			2015			2016		
	Women (N)	Timely PNC (%)	PNC (N)	Women (N)	Timely PNC (%)	PNC (N)	Women (N)	Timely PNC (%)	PNC (N)	Women (N)	Timely PNC (%)	PNC (N)	Women (N)	Timely PNC (%)	PNC (N)
Amerigroup Washington Inc	233	73.0%	1,192	880	73.8%	2,314	1,683	72.7%	2,697	2,010	74.5%	2,635	1,966	74.6%	2,635
Asuris NW Health Plan	101	90.1%													
Columbia United Providers	937	74.8%							1,231	956	77.7%				
Community Health Plan of WA	8,443	79.8%	6,782	5,387	79.4%	6,426	4,952	77.1%	5,672	4,329	76.3%	5,262	3,997	76.0%	5,262
Coordinated Care of WA	737	81.0%	2,975	2,397	80.6%	3,806	3,019	79.3%	3,389	2,644	78.0%	3,556	2,782	78.2%	3,556
Group Health Cooperative	324	75.0%													
Kaiser Foundation Health Plan	27	63.0%													
Molina Healthcare of WA	11,885	79.5%	10,750	8,591	79.9%	9,839	7,698	78.2%	10,687	8,231	77.0%	13,829	10,671	77.2%	13,829
Regence Blue Shield	531	81.9%													
UnitedHealthcare Community Plan	569	76.3%	2,318	1,781	76.8%	3,472	2,609	75.1%	3,738	2,829	75.7%	3,852	2,929	76.0%	3,852
Native Health PCCM (multiple agencies)	252	72.6%	313	218	69.6%	285	203	71.2%	256	163	63.7%	131	82	62.6%	131
Medicaid Managed Care	24,039	79.3%	24,330	19,254	79.1%	26,142	20,164	77.1%	27,670	21,162	76.5%	29,265	22,427	76.6%	29,265
Medicaid Fee for Service	8,617	75.1%	7,728	5,807	75.1%	6,700	5,025	75.0%	6,822	5,225	76.6%	6,556	5,036	76.8%	6,556
Total Medicaid	32,656	78.2%	32,058	25,061	78.2%	32,842	25,189	76.7%	34,492	26,387	76.5%	35,821	27,463	76.7%	35,821

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, and records with missing information about when prenatal care began (4.7% in 2016) that also had no prenatal care claims within 42 days of Medicaid enrollment.

Medicaid refers to women who had Medicaid-paid maternity care.

Continuous enrollment refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. **Plan** listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. -- = not available or not applicable. **Timely PNC** refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



Table 1b. Timeliness of Prenatal Care (PPC), by Race/Ethnicity 2012–2016

Measure PPC -- Timeliness of Prenatal Care
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment
Washington Medicaid Women with Births 2012-2016 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
By Race/Ethnicity 2012-2016

	2012			2013			2014			2015			2016		
	Wome n (N)	PNC (%)	Timely PNC (%)	Wome n (N)	PNC (%)	Timely PNC (%)	Wome n (N)	PNC (%)	Timely PNC (%)	Wome n (N)	PNC (%)	Timely PNC (%)	Wome n (N)	PNC (%)	Timely PNC (%)
Medicaid	10,444	8,199	78.5%	10,219	8,141	79.7%	10,101	7,923	78.4%	10,643	8,344	78.4%	11,019	8,726	79.2%
Hispanic	15,610	12,474	79.9%	15,056	11,904	79.1%	15,702	12,258	78.1%	16,445	12,752	77.5%	16,452	12,791	77.7%
Not Hispanic or Ethnicity Unknown	1,594	1,235	77.5%	1,527	1,204	78.8%	1,592	1,202	75.5%	1,739	1,382	79.5%	1,891	1,475	78.0%
White	2,001	1,478	73.9%	2,075	1,544	74.4%	2,109	1,521	72.1%	2,124	1,511	71.1%	2,351	1,699	72.3%
Asian	782	554	70.8%	799	553	69.2%	784	560	71.4%	737	491	66.6%	847	558	65.9%
Black	595	341	57.3%	587	353	60.1%	661	346	52.3%	705	385	54.6%	796	454	57.0%
American Indian/Alaska Native	1,279	994	77.7%	1,401	1,065	76.0%	1,488	1,091	73.3%	1,537	1,117	72.7%	1,713	1,244	72.6%
Hawaiian/Pacific Islander	351	256	72.9%	394	297	75.4%	405	288	71.1%	562	405	72.1%	752	516	68.6%
More Than One Race															
Other/Unknown															
Total Medicaid	32,656	25,531	78.2%	32,058	25,061	78.2%	32,842	25,189	76.7%	34,492	26,387	76.5%	35,821	27,463	76.7%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, and records with missing information about when prenatal care began (4.7% in 2016) that also had no prenatal care claims within 42 days of Medicaid enrollment.

Race/Ethnicity categories are mutually exclusive. Hispanic women may be of any race.

Medicaid refers to women who had Medicaid-paid maternity care. **Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment starts is the 15th of the first month of eligibility for this analysis. **Timely PNC** refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility.



Table 2a. Frequency of Ongoing Prenatal Care (FPC), by Managed Care Plan 2012–2016

Measure FPC -- Frequency of Ongoing Prenatal Care
Washington Medicaid Women with Births 2012-2016 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
Women with >=81% of Expected Prenatal Visits by Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)	Women >=81% (N)	>=81% (%)
Amerigroup Washington Inc	224	73.2%	1,151	866	2,215	75.6%	2,585	69.7%	2,603	66.2%
Asuris Northwest Health	99	79.8%								
Columbia United Providers	917	72.5%					1,204	891	74.0%	
Community Health Plan of WA	8,154	71.7%	6,595	4,713	6,186	74.0%	5,481	67.6%	5,166	65.6%
Coordinated Care of Washington	685	70.5%	2,814	2,100	3,592	77.3%	3,266	72.3%	3,508	70.5%
Group Health Cooperative	322	59.9%								
Kaiser Foundation Health Plan	26	57.7%								
Molina Healthcare of WA	11,573	70.4%	10,496	7,459	9,524	74.3%	10,375	70.4%	13,590	66.1%
Regence Blue Shield	481	69.0%								
UnitedHealthcare Community Plan	538	72.1%	2,239	1,587	3,332	74.7%	3,566	69.9%	3,767	69.2%
Native Health PCCM (multiple agencies)	245	61.6%	301	184	273	63.7%	250	144	131	50.4%
Medicaid Managed Care	23,264	70.8%	23,596	16,909	25,122	74.7%	26,727	18,445	28,765	66.9%
Medicaid Fee for Service	8,322	66.6%	7,465	5,038	6,466	70.6%	6,632	4,424	6,415	67.2%
Total Medicaid	31,586	69.7%	31,061	21,947	31,588	73.8%	33,359	22,869	35,180	67.0%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes records with missing birth certificate information for number of prenatal visits. **Medicaid** refers to women who had Medicaid-paid maternity care. **Continuous enrollment** refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. **Plan** listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies.



Table 2b. Frequency of Ongoing Prenatal Care (FPC), by Race/Ethnicity 2012–2016

Measure FPC -- Frequency of Ongoing Prenatal Care
Washington Medicaid Women with Births 2011-2015 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
Women with >=81% of Expected Prenatal Visits by Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Women >=81% (N)	(%)	Women >=81% (N)	(%)	Women >=81% (N)	(%)	Women >=81% (N)	(%)	Women >=81% (N)	(%)
Medicaid	9,988	67.71	9,801	68.02	9,715	73.1%	10,309	69.59	10,777	68.2%
Hispanic	15,198	72.6%	14,677	72.6%	15,136	76.1%	15,895	71.0%	16,198	68.4%
Not Hispanic or Ethnicity Unknown	1,542	66.0%	1,489	71.2%	1,512	75.2%	1,691	74.3%	1,842	72.7%
White	1,946	68.4%	2,008	68.8%	2,022	68.9%	2,068	61.6%	2,304	60.8%
Asian	759	459	778	469	760	494	711	416	844	451
Black	581	318	569	341	625	378	679	354	773	407
American Indian/Alaska Native	1,243	861	1,359	981	1,428	1,062	1,467	992	1,701	1,080
Hawaiian/Pacific Islander	329	207	380	252	390	245	539	341	741	447
More Than One Race										
Other/Unknown										
Total Medicaid	31,586	22,006	31,061	21,947	31,588	23,325	33,359	22,869	35,180	23,554

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes records with missing birth certificate information for number of prenatal visits. Medicaid refers to women who had Medicaid-paid maternity care. Continuous enrollment refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. Race/Ethnicity categories are mutually exclusive. Hispanic women may be of any race.



Table 3a. Low Birth Weight (LBW), by Managed Care Plan 2012–2016

Measure LBW -- Low Birth Weight
Low Birth Weight (<2500 g) by Managed Care Plan
Live Births 2012-2016
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)
Amerigroup Washington Inc	312	11.2%	1,455	8.3%	2,737	8.7%	3,118	7.7%	3,025	7.0%
Columbia United Providers	1,042	5.0%					1,356	84		
Community Health Plan of WA	9,568	6.9%	7,625	6.6%	7,259	7.0%	6,326	450	5,931	7.2%
Coordinated Care of Washington	914	9.1%	3,578	7.9%	4,452	7.5%	3,838	280	4,031	8.0%
Group Health Cooperative	365	7.4%								
Molina Healthcare of WA	13,663	6.3%	12,419	6.6%	11,412	6.8%	12,066	856	15,473	7.0%
Regence Blue Shield	663	8.3%								
UnitedHealthcare Community Plan	650	9.1%	2,748	7.8%	4,084	7.6%	4,224	317	4,464	8.0%
Native Health PCCM (multiple agencies)	344	5.5%	401	9.5%	398	8.8%	318	26	169	8.9%
Medicaid Managed Care	27,678	6.7%	28,226	7.0%	30,342	7.3%	31,246	2,252	33,093	7.3%
Medicaid Fee for Service	14,636	6.5%	13,600	6.6%	12,038	6.9%	11,671	856	10,583	6.3%
Total Medicaid	42,314	6.6%	41,826	6.9%	42,380	7.1%	42,917	3,108	43,676	7.1%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes records with missing or invalid birth weight information. **Medicaid** refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. -- = not available or not applicable. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



Table 3b. Low Birth Weight (LBW), by Race/Ethnicity 2012–2016

Measure LBW -- Low Birth Weight															
Low Birth Weight (<2500 g) by Maternal Race/Ethnicity															
Live Births 2012-2016															
By Race/Ethnicity 2012-2016															
	2012			2013			2014			2015			2016		
	Live Births (N)	LBW (%)	LBW (N)	Live Births (N)	LBW (%)	LBW (N)	Live Births (N)	LBW (%)	LBW (N)	Live Births (N)	LBW (%)	LBW (N)	Live Births (N)	LBW (%)	LBW (N)
Hispanic	12,653	8.1%	811	12,431	7.2%	772	12,420	6.1%	762	12,700	6.2%	788	12,987	6.4%	830
Not Hispanic or Ethnicity Unknown	21,035	1.283	1,283	20,414	1.339	1,339	20,688	1.443	1,443	20,825	1.451	1,451	20,472	1.394	1,394
White	2,082	161	7.7%	2,046	173	8.5%	2,112	193	9.1%	2,231	232	10.4%	2,318	185	8.0%
Asian	2,586	249	9.6%	2,713	286	10.5%	2,757	273	9.9%	2,685	251	9.3%	2,895	301	10.4%
Black	1,022	76	7.4%	1,036	83	8.0%	1,009	82	8.1%	956	92	9.6%	1,066	87	8.2%
American Indian/Alaska Native	767	55	7.2%	780	53	6.8%	874	59	6.8%	891	55	6.2%	958	56	5.8%
Hawaiian/Pacific Islander	1,712	140	8.2%	1,897	125	6.6%	1,999	165	8.3%	1,942	180	9.3%	2,099	161	7.7%
More Than One Race	457	37	8.1%	509	49	9.6%	521	49	9.4%	687	59	8.6%	881	69	7.8%
Other/Unknown															
Total Medicaid	42,314	2,812	6.6%	41,826	2,880	6.9%	42,380	3,026	7.1%	42,917	3,108	7.2%	43,676	3,083	7.1%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes records with missing or invalid birth weight information. **Race/ethnicity** categories are mutually exclusive; Hispanic women may be of any race. **Medicaid** refers to women who had Medicaid-paid maternity care.



Table 4a. Cesarean Delivery Rate (NTSV) (PC02), by Managed Care Plan 2012–2016

Measure PC02 -- Cesarean Delivery Rate (NTSV)
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Managed Care Plan 2012-2016
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)
Amerigroup Washington Inc	145	35 24.1%	771	178 23.1%	1,281	282 22.0%	1,250	297 23.8%	1,056	222 21.0%
Columbia United Providers	301	66 21.9%					344	68 19.8%		
Community Health Plan of WA	3,382	759 22.4%	2,034	463 22.8%	1,914	417 21.8%	1,832	347 18.9%	1,704	322 18.9%
Coordinated Care of WA	346	69 19.9%	1,619	357 22.1%	1,905	406 21.3%	1,316	275 20.9%	1,272	256 20.1%
Group Health Cooperative	83	16 19.3%								
Molina Healthcare of WA	4,056	962 23.7%	2,993	648 21.7%	2,330	435 18.7%	2,854	612 21.4%	3,894	814 20.9%
Regence Blue Shield	221	56 25.3%								
UnitedHealthcare Community Plan	258	71 27.5%	1,341	294 21.9%	1,712	360 21.0%	1,524	362 23.8%	1,438	329 22.9%
Native Health PCCM (multiple agencies)	106	21 19.8%	117	23 19.7%	90	12 13.3%	79	10 12.7%	35	<10 --
Medicaid Managed Care	8,962	2,066 23.1%	8,875	1,963 22.1%	9,232	1,912 20.7%	9,199	1,971 21.4%	9,399	1,950 20.7%
Medicaid Fee for Service	4,002	880 22.0%	3,585	796 22.2%	2,868	652 22.7%	2,695	556 20.6%	2,417	489 20.2%
Total Medicaid	12,964	2,946 22.7%	12,460	2,759 22.1%	12,100	2,564 21.2%	11,894	2,527 21.2%	11,816	2,439 20.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state births. **Medicaid** refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management through tribal agencies. **C-Sec** = C-Section. **NTSV**=nulliparous, term, single, vertex. -- = not available or not applicable, or rate not reported due to small numbers. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012. -- = rate suppressed due to small numbers.



Table 4b. Cesarean Delivery Rate (NTSV) (PC02), by Race/Ethnicity 2012–2016

Measure PC02 -- Cesarean Delivery Rate (NTSV)
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity
By Race/Ethnicity 2012-2016

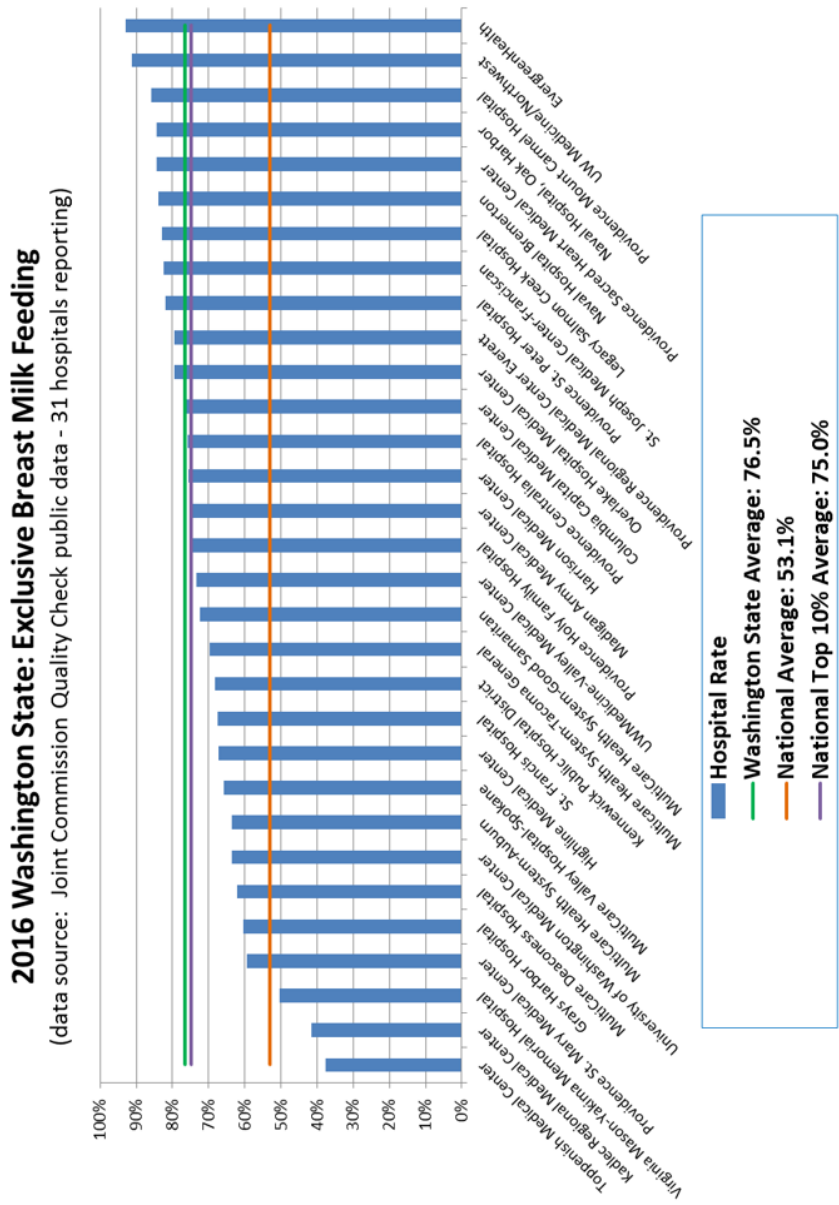
	2012		2013		2014		2015		2016	
	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)	NTSV Births (N)	C-Sec (%)
Hispanic	3,390	672 19.8%	3,238	653 20.2%	3,089	669 21.7%	3,204	614 19.2%	3,168	635 20.0%
Not Hispanic or Ethnicity Unknown										
White	6,950	1,559 22.4%	6,491	1,397 21.5%	6,338	1,235 19.5%	6,092	1,244 20.4%	5,812	1,127 19.4%
Asian	714	192 26.9%	689	191 27.7%	708	197 27.8%	665	171 25.7%	755	166 22.0%
Black	711	229 32.2%	754	237 31.4%	754	237 31.4%	706	232 32.9%	748	228 30.5%
American Indian/Alaska Native	262	62 23.7%	255	49 19.2%	216	37 17.1%	253	38 15.0%	243	40 16.5%
Hawaiian/Pacific Islander	201	59 29.4%	218	56 25.7%	176	39 22.2%	200	56 28.0%	222	70 31.5%
More Than One Race	625	149 23.8%	682	134 19.6%	715	128 17.9%	629	141 22.4%	653	133 20.4%
Other/Unknown	111	24 21.6%	133	42 31.6%	104	22 21.2%	145	31 21.4%	215	40 18.6%
Total Medicaid	12,964	2,946 22.7%	12,460	2,759 22.1%	12,100	2,564 21.2%	11,894	2,527 21.2%	11,816	2,439 20.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state births. **Race/ethnicity** categories are mutually exclusive; Hispanic women may be of any race. **Medicaid** refers to women who had Medicaid-paid maternity care.



Table 5. Exclusive Breast Milk Feeding (PC05), 2016



Publicly available Joint Commission data downloaded from <https://www.qualitycheck.org/> October 21, 2017

Prepared by Suzan Walker, RN, MPH, Northwest Perinatal Regional Network Coordinator, University of Washington Medical Center



Table 6a. Contraceptive Care — Postpartum Women Ages 15-20 (CCP), by Managed Care Plan 2012–2016

Measure CCP: Contraceptive Care - Postpartum Women Ages 15-20
Percentage of Women Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
Within 60 Days of Delivery
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	TOTAL ELIGIBLE WOMEN	Used/More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used/More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used/More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used/More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used/More/Most Effective Contraception % of Total
Amerigroup Washington Inc	24	<10	104	35 33.7%	147	63 42.9%	179	67 37.4%	179	63 35.2%
Asuris Northwest Health	13	<10					110	52 47.3%		
Columbia United Providers	93	32 34.4%								
Community Health Plan of WA	1,254	331 26.4%	881	355 40.3%	793	345 43.5%	590	236 40.0%	518	228 44.0%
Coordinated Care of WA	103	32 31.1%	332	121 36.4%	410	173 42.2%	352	134 38.1%	345	152 44.1%
Group Health Cooperative	28	<10								
Kaiser Foundation Health Plan	1	<10								
Molina Healthcare of WA Inc	1,494	537 35.9%	1,256	440 35.0%	1,040	431 41.4%	1,014	391 38.6%	1,206	499 41.4%
Regence BlueShield	87	18 20.7%								
United Health Care Community Plan	51	11 21.6%	198	62 31.3%	271	107 39.5%	238	80 33.6%	219	94 42.9%
Native Health PCCM (multiple agencies)	43	11 25.6%	47	10 21.3%	33	<10	27	<10	8	<10
Medicaid Managed Care	3,191	983 30.8%	2,818	1,023 36.3%	2,694	1,127 41.8%	2,510	965 38.4%	2,475	1,038 41.9%
Medicaid Fee for Service	364	122 33.5%	314	118 37.6%	248	80 32.3%	199	63 31.7%	143	51 35.7%
Total	3,555	1,105 31.1%	3,132	1,141 36.4%	2,942	1,207 41.0%	2,709	1,028 37.9%	2,618	1,089 41.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. Women may have been enrolled in more than one plan during the year. **Plan** listed is the plan that the woman was enrolled in for the greatest amount of time during the measurement year, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. **Eligible women** are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. -- = rate not shown due to small numbers.



Table 6b. Contraceptive Care — Postpartum Women Ages 15-20 (CCP), by Race/Ethnicity 2012–2016

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20
Percentage of Women 15-20 Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
Within 60 Days of Delivery
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception % of Total	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception % of Total
Hispanic	957	314 32.8%	838	344 41.1%	961	441 45.9%	934	370 39.6%	878	398 45.3%
Not Hispanic or Ethnicity Unknown										
White	1,733	547 31.6%	1,529	563 36.8%	1,351	551 40.8%	1,211	493 40.7%	1,189	508 42.7%
Asian	51	13 25.5%	35	11 31.4%	27	18 66.7%	20	<10 --	26	<10 --
Black	205	56 27.3%	174	47 27.0%	173	51 29.5%	165	50 30.3%	156	49 31.4%
American Indian/Alaska Native	154	42 27.3%	144	43 29.9%	106	29 27.4%	117	32 27.4%	97	28 28.9%
Hawaiian/Pacific Islander	68	14 20.6%	77	25 32.5%	56	15 26.8%	73	15 20.5%	90	35 38.9%
More Than One Race	59	20 33.9%	60	19 31.7%	130	43 33.1%	73	26 35.6%	90	31 34.4%
Other/Unknown	328	99 30.2%	275	89 32.4%	138	59 42.8%	116	35 30.2%	92	32 34.8%
Total	3,555	1,105 31.1%	3,132	1,141 36.4%	2,942	1,207 41.0%	2,709	1,028 37.9%	2,618	1,089 41.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. **Eligible women** are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. -- = rate not shown due to small numbers.



Table 7a. Childhood Immunizations by Age Two (CIS): Combination 3, by Managed Care Plan 2012–2016

Measure CIS -- Childhood Immunizations by Age Two for Children Who Turned Two in Calendar Year-Combination 3 Children With Medicaid/CHIP Eligibility on their Second Birthday and Continuous Eligibility for the Twelve Months Prior By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016				
	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total			
Amerigroup Washington Inc	79	35.4%	28	35.4%	976	53.8%	2,343	59.8%	3,186	64.6%			
Asuris NW Health Plan	251	133	53.0%	170	81	47.6%							
Columbia United Providers	2,676	1,616	60.4%	1,564	947	60.5%	181	103	56.9%	658	58.1%		
Community Health Plan of WA	11,370	7,952	69.9%	12,856	9,036	70.3%	9,700	6,678	68.8%	8,676	65.4%		
Coordinated Care of Washington	--	--	--	--	170	43.5%	3,127	2,247	71.9%	5,151	71.4%		
Group Health Cooperative	907	591	65.2%	393	214	54.5%							
Kaiser	31	15	48.4%	27	22	81.5%							
Molina Healthcare of WA	17,326	10,988	63.4%	18,465	11,574	62.7%	17,239	10,983	63.7%	16,302	61.9%		
Regence Blue Shield	1,830	1,087	59.4%	1,071	618	57.7%							
UnitedHealthcare Community Plan	--	--	--	--	139	44	31.7%	2,007	1,197	59.6%	4,323	60.8%	
Native Health PCCM (multiple agencies)	229	133	58.1%	358	211	58.9%	318	181	56.9%	382	62.0%		
Medicaid Managed Care	34,633	22,523	65.0%	35,292	22,849	64.7%	33,367	21,811	65.4%	37,358	63.5%		
Medicaid Fee for Service	3,091	1,699	55.0%	2,585	1,471	56.9%	2,314	1,343	58.0%	2,543	59.6%		
Total	37,724	24,222	64.2%	37,877	24,320	64.2%	35,681	23,154	64.9%	39,901	63.3%	41,669	64.0%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Child may have been enrolled in more than one plan over the two year period. Plan listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Excludes immunizations other than MMR that occur within 14 days of the same immunization type in years 2015-2016. Combination measures have met full recommendations for each immunization included. Combination 3 = DtaP+IPV+MMR+Hib+Hep B+VZV+ PCV. DtaP = diphtheria, tetanus, and acellular pertussis. IPV = polio. MMR = measles, mumps, and rubella. Hib = H influenza type B. Hep B = Hepatitis B. VZV = chicken pox. PCV = pneumococcal conjugate. -- = suppressed due to small numbers.



Table 7b. Childhood Immunizations by Age Two (CIS): Combination 3, by Race/Ethnicity 2012–2016

Measure CIS -- Childhood Immunizations by Age Two for Children Who Turned Two in Calendar Year-Combination 3
Children With Medicaid/CHIP Eligibility on their Second Birthday and Continuous Eligibility for the Twelve Months Prior
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Had Eligible (N)	% of Total	Had Eligible (N)	% of Total	Had Eligible (N)	% of Total	Had Eligible (N)	% of Total	Had Eligible (N)	% of Total
Hispanic	12,570	73.4%	12,765	75.0%	12,011	75.1%	13,080	72.8%	13,559	73.7%
Not Hispanic or Ethnicity Unknown										
White	17,416	58.2%	17,079	56.8%	15,834	57.3%	17,852	56.8%	18,580	57.9%
Asian	1,324	76.1%	1,345	76.4%	1,254	960	1,444	1,106	1,568	76.3%
Black	2,077	63.9%	2,142	64.1%	2,051	1,292	2,540	1,500	2,804	61.3%
American Indian/Alaska Native	808	61.3%	778	60.0%	664	413	806	473	933	56.5%
Hawaiian/Pacific Islander	661	59.8%	665	59.7%	674	402	860	498	1,187	58.8%
More Than One Race	1,620	59.4%	2,518	59.4%	2,749	1,759	2,755	1,744	2,319	61.2%
Other/Unknown	1,248	53.4%	585	290	444	231	564	266	719	51.6%
Total	37,724	64.2%	37,877	64.2%	35,681	23,154	39,901	25,257	41,669	64.0%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Excludes immunizations other than MMR that occur within 14 days of the same immunization type in years 2015-2016. Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Combination measures have met full recommendations for each immunization included. Combination 3 = DtaP+HPV+MMR+HiB+Hep B+VZV+ PCV. DtaP = diphtheria, tetanus, and acellular pertussis. IPV = polio. MMR = measles, mumps, and rubella. HiB = H influenza type B. Hep B = Hepatitis B. VZV = chicken pox. PCV = pneumococcal conjugate.



Table 8a. Immunizations for Adolescents Who Turned 13 (IMA):
Combination 1, by Managed Care Plan 2012–2016

Measure IMA - Immunization Status for Adolescents Who Turned Thirteen in Calendar Year- Combination 1
Adolescents With Medicaid/CHIP Eligibility on their Thirteenth Birthday and Continuous Eligibility for the Twelve Months Prior
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total
Amerigroup Washington Inc	24	16 66.7%	485	265 54.6%	720	434 60.3%	1,349	814 60.3%	1,647	1,019 61.9%
Asuris Northwest Health	125	69 55.2%	--	--	--	--	871	534 61.3%		
Columbia United Providers	2,006	1,077 53.7%	--	--			7,623	5,597 73.4%	7,223	5,478 75.8%
Community Health Plan of Washington	8,264	5,763 69.7%	9,690	6,897 71.2%	8,986	6,515 72.5%	7,623	5,597 73.4%	7,223	5,478 75.8%
Coordinated Care of Washington	82	52 63.4%	1,528	1,086 71.1%	2,365	1,755 74.2%	2,996	2,273 75.9%	3,590	2,816 78.4%
Group Health Cooperative	787	589 74.8%	--	--						
Kaiser Foundation Health Plan	40	31 77.5%								
Molina Healthcare of Washington Inc	12,219	8,075 66.1%	14,042	9,953 70.9%	13,604	9,809 72.1%	13,661	9,969 73.0%	16,043	11,706 73.0%
Regence Blue Shield	1,476	1,001 67.8%	--	--						
UnitedHealthcare Community Plan	51	38 74.5%	976	646 66.2%	1,565	1,043 66.6%	2,514	1,780 70.8%	3,085	2,200 71.3%
Native Health PCCM (multiple agencies)	157	122 77.7%	203	145 71.4%	207	147 71.0%	204	163 79.9%	185	146 78.9%
Medicaid Managed Care	25,231	16,833 66.7%	26,938	19,002 70.5%	27,447	19,703 71.8%	29,218	21,130 72.3%	32,420	23,784 73.4%
Medicaid Fee for Service	5,538	3,426 61.9%	4,586	2,935 64.0%	4,211	2,701 64.1%	1,803	1,173 65.1%	1,634	1,136 69.5%
Total	30,769	20,259 65.8%	31,524	21,937 69.6%	31,658	22,404 70.8%	31,021	22,303 71.9%	34,054	24,920 73.2%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Adolescent may have been enrolled in more than one plan over the two year period. **Plan** listed is the plan that the adolescent was enrolled in for the greatest amount of time during the 12 months before their 13th birthday, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Excludes** adolescents with eligibility for programs using state funds only, and, for years 2015-2016, adolescents who are eligible for both Medicaid and Medicare, and adolescents with full third-party liability. **Tdap** = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal conjugate vaccine on or between the adolescent's 11th and 13th birthdays. Does not count polysaccharide or recombinant (serogroup B) vaccines for 2016. **Combination 1** (Meningococcal, Tdap) = Adolescents who received at least one meningococcal vaccine on or between their 11th and 13th birthday and at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the their 10th and 13th birthdays. --- suppressed due to small numbers.



Table 8b. Immunizations for Adolescents Who Turned 13 (IMA): Combination 1, by Race/Ethnicity 2012–2016

Adolescents With Medicaid/CHIP Eligibility on their Thirteenth Birthday and Continuous Eligibility for the Twelve Months Prior By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016		
	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	Eligible (N)	% of Total	
Hispanic	7,924	76.8%	8,615	80.0%	9,705	81.2%	10,197	83.25	11,561	83.3%	
Not Hispanic or Ethnicity Unknown	15,614	59.2%	15,423	62.5%	14,702	63.1%	13,851	8,877	14,580	64.4%	
White	1,045	72.9%	1,136	883	77.7%	1,092	842	77.1%	1,344	76.6%	
Asian	2,005	71.1%	2,081	74.6%	1,896	76.7%	1,971	1,472	74.7%	2,208	
Black	819	71.3%	762	581	76.2%	690	495	71.7%	728	75.8%	
American Indian/Alaska Native	613	67.0%	647	476	73.6%	587	436	74.3%	694	74.5%	
Hawaiian/Pacific Islander	361	66.2%	533	389	73.0%	1,334	925	69.3%	716	527	
More Than One Race	2,388	63.0%	2,327	1,519	65.3%	1,652	1,091	66.0%	1,520	1,003	
Other/Unknown											
Total	30,769	65.8%	31,524	69.6%	31,658	70.8%	31,021	22,303	71.9%	34,054	73.2%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes adolescents with eligibility for programs using state funds only, and, for years 2015-2016, adolescents who are eligible for both Medicaid and Medi care, and adolescents with full third-party liability. Race/ethnicity categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator. Tdap = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. Meningococcal = at least one meningococcal conjugate vaccine on or between the adolescent's 11th and 13th birthdays. Does not count polysaccharide or recombinant (serogroup B) vaccines for 2016. Combination 1 (Meningococcal, Tdap) = Adolescents who received at least one meningococcal vaccine on or between their 11th and 13th birthday and at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the their 10th and 13th birthdays.



Table 9a. Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Managed Care Plan 2012–2016

Measure HPV - Human Papillomavirus (HPV) Vaccine for Adolescents* Who Turned Thirteen in Calendar Year
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total
Amerigroup Washington Inc	--	--	241	34 14.1%	356	56 15.7%	634	109 17.2%	1,647	269 16.3%
Asuris Northwest Health	49	11 22.4%								
Columbia United Providers	991	157 15.8%			429	81 18.9%				
Community Health Plan of Washington	4,118	1,055 25.6%	4,690	1,275 27.2%	4,300	1,209 28.1%	3,699	1,024 27.7%	7,223	1,923 26.6%
Coordinated Care Corporation	42	10 23.8%	721	184 25.5%	1,201	355 29.6%	1,457	478 32.8%	3,590	980 27.3%
Group Health Cooperative	375	69 18.4%								
Kaiser Foundation Health Plan	--	--								
Molina Healthcare of Washington Inc	6,070	1,318 21.7%	6,943	1,668 24.0%	6,709	1,671 24.9%	6,689	1,649 24.7%	16,043	3,398 21.2%
Regence Blue Shield	724	176 24.3%								
UnitedHealthcare Community Plan	--	--	466	95 20.4%	766	180 23.5%	1,287	299 23.2%	3,085	605 19.6%
Native Health PCCM (multiple agencies)	81	23 28.4%	97	18 18.6%	100	19 19.0%	93	20 21.5%	185	42 22.7%
Medicaid Managed Care	12,495	2,827 22.6%	13,158	3,274 24.9%	13,432	3,490 26.0%	14,288	3,660 25.6%	32,420	7,333 22.6%
Medicaid Fee for Service	2,502	514 20.5%	2,230	489 21.9%	2,039	472 23.1%	862	192 22.3%	1,634	360 22.0%
Total	14,997	3,341 22.3%	15,388	3,763 24.5%	15,471	3,962 25.6%	15,150	3,852 25.4%	34,054	7,693 22.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

* Limited to female adolescents 2012-2015. Includes all adolescents meeting eligibility requirements 2016.

Adolescent may have been enrolled in more than one plan over the four year period. Plan listed is the plan that the child was enrolled in for the greatest amount of time during the 12 months before her 13th birthday, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes adolescents with eligibility for programs using state funds only, and, for years 2015-2016, adolescents who are eligible for both Medicaid and Medicare, and adolescents with full third-party liability. HPV = at least three HPV vaccines on or between the adolescent's 9th and 13th birthdays. HPV vaccinations that may have occurred before age nine or after the 13th birthday are not included. -- = suppressed due to small numbers.



Table 9b. Human Papillomavirus Vaccine for Adolescents Who Turned 13 (HPV), by Race/Ethnicity 2012–2016

	2012		2013		2014		2015		2016	
	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total	Eligible (N)	Had >=3 HPV % of Total
Hispanic	3,793	1,094 28.8%	4,199	1,332 31.7%	4,794	1,620 33.8%	5,016	1,703 34.0%	11,561	3,518 30.4%
Not Hispanic or Ethnicity Unknown										
White	7,702	1,462 19.0%	7,483	1,484 19.8%	7,110	1,426 20.1%	6,719	1,233 18.4%	14,580	2,231 15.3%
Asian	513	195 38.0%	588	237 40.3%	522	202 38.7%	649	266 41.0%	1,449	558 38.5%
Black	958	189 19.7%	1,028	246 23.9%	926	214 23.1%	945	212 22.4%	2,208	473 21.4%
American Indian/Alaska Nativ	407	95 23.3%	378	101 26.7%	346	100 28.9%	351	72 20.5%	851	198 23.3%
Hawaiian/Pacific Islander	312	51 16.3%	327	74 22.6%	290	66 22.8%	355	85 23.9%	834	164 19.7%
More Than One Race	168	31 18.5%	268	58 21.6%	673	147 21.8%	348	84 24.1%	802	160 20.0%
Other/Unknown	1,144	224 19.6%	1,117	231 20.7%	810	187 23.1%	767	197 25.7%	1,769	391 22.1%
Total	14,997	3,341 22.3%	15,388	3,763 24.5%	15,471	3,962 25.6%	15,150	3,852 25.4%	34,054	7,693 22.6%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

* Limited to female adolescents 2012-2015. Includes all adolescents meeting eligibility requirements 2016.

Excludes adolescents with eligibility for programs using state funds only, and, for years 2015-2016, adolescents who are eligible for both Medicaid and Medicare, and adolescents with full third-party liability. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator. HPV = at least three HPV vaccines on or between the adolescent's 9th and 13th birthdays. HPV vaccinations that may have occurred before age nine or after the 13th birthday are not included.



Table 10a. Well-Child Visits: Ages 31 Days–15 Months (W15), by Managed Care Plan 2012–2016

Measure W15 -- Well-Child Visits in the First 15 Months of Life
 Children With Continuous Medicaid/CHIP Eligibility from 31 days to 15 Months Old Who Turned 15 Months Old in Calendar Year
 By Managed Care Plan 2012-2016

	2012		2013		2014		2015		2016	
	Six or More Visits (N)	Six or More Visits (%)	Six or More Visits (N)	Six or More Visits (%)	Six or More Visits (N)	Six or More Visits (%)	Six or More Visits (N)	Six or More Visits (%)	Six or More Visits (N)	Six or More Visits (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	--	--	482	188 39.0%	1,489	820 55.1%	2,757	1,570 56.9%	3,007	1,807 60.1%
Asuris NW Health Plan	285	121 42.5%	--	--	--	--	695	267 38.4%	883	357 40.4%
Columbia United Providers	2,715	1,156 42.6%	210	71 33.8%	9,070	4,737 52.2%	7,532	3,864 51.3%	6,810	4,019 59.0%
Community Health Plan of WA	11,662	5,833 50.0%	11,281	5,728 50.8%	9,070	4,737 52.2%	4,958	2,924 59.0%	4,931	2,963 60.1%
Coordinated Care Corporation	--	--	1,823	947 51.9%	4,627	2,794 60.4%	4,958	2,924 59.0%	4,931	2,963 60.1%
Group Health Cooperative	798	55 6.9%	--	--	--	--	--	--	--	--
Kaiser Foundation Health Plan	63	12 19.0%	--	--	--	--	--	--	--	--
Molina Healthcare of WA	16,842	8,812 52.3%	18,029	9,242 51.3%	16,400	9,456 57.7%	14,600	8,023 55.0%	16,574	9,347 56.4%
Regence Blue Shield	1,676	862 51.4%	146	68 46.6%	--	--	--	--	--	--
UnitedHealthcare Community Plan	--	--	1,224	515 42.1%	3,197	1,563 48.9%	4,421	2,157 48.8%	4,699	2,786 59.3%
Native Health PCCM (multiple agencies)	312	81 26.0%	332	96 28.9%	374	144 38.5%	343	116 33.8%	185	68 36.8%
Medicaid Managed Care	34,382	16,945 49.3%	33,604	16,865 50.2%	35,157	19,514 55.5%	35,306	18,921 53.6%	37,089	21,347 57.6%
Medicaid Fee for Service	2,756	710 25.8%	2,099	548 26.1%	1,473	707 48.0%	2,086	832 39.9%	1,815	769 42.4%
Total	37,138	17,655 47.5%	35,703	17,413 48.8%	36,630	20,221 55.2%	37,392	19,753 52.8%	38,904	22,116 56.8%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Age refers to the age of the child as of December 31. A child may have a single enrollment gap of no more than 45 days and still be considered continuously eligible. Excludes children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over the specified period. Plan listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Recommended screening schedule is five screenings in the first year of life, three screenings ages 1-2. -- = suppressed due to small numbers.



Table 10b. Well-Child Visits: Ages 31 Days–15 Months (W15), by Race/Ethnicity 2012–2016

Measure W15 -- Well-Child Visits in the First 15 Months of Life
Children With Continuous Medicaid/CHIP Eligibility from 31 days to 15 Months Old Who Turned 15 Months Old in Calendar Year
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Six or More Visits (N)	(%)	Six or More Visits (N)	(%)	Six or More Visits (N)	(%)	Six or More Visits (N)	(%)	Six or More Visits (N)	(%)
Race/Ethnicity										
Hispanic	12,037	6,495 54.0%	11,330	6,465 57.1%	12,284	7,636 62.2%	12,561	7,526 59.9%	12,758	8,037 63.0%
Not Hispanic or Ethnicity Unknown	17,989	8,040 44.7%	17,253	7,699 44.6%	16,406	8,422 51.3%	16,792	8,251 49.1%	17,806	9,622 54.0%
White	1,431	793 55.4%	1,457	846 58.1%	1,333	875 65.6%	1,472	923 62.7%	1,585	1,027 64.8%
Asian	2,110	890 42.2%	2,056	878 42.7%	2,340	1,181 50.5%	2,657	1,286 48.4%	2,708	1,424 52.6%
Black	795	249 31.3%	783	238 30.4%	754	282 37.4%	828	291 35.1%	833	341 40.9%
American Indian/Alaska Nat	641	244 38.1%	701	291 41.5%	739	377 51.0%	988	466 47.2%	1,071	537 50.1%
Hawaiian/Pacific Islander	1,519	663 43.6%	1,758	819 46.6%	2,481	1,321 53.2%	1,659	834 50.3%	1,642	934 56.9%
More Than One Race	616	281 45.6%	365	177 48.5%	134	67 50.0%	435	176 40.5%	501	194 38.7%
Other/Unknown										
Total	37,138	17,655 47.5%	35,703 17,413 48.8%	36,630 20,221 55.2%	37,392 19,753 52.8%	38,904 22,116 56.8%				

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the FirstSteps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Recommended screening intervals** are five screenings in the first year of life and three screenings ages 1-2.



Table 11a. Well-Child Visits: Ages 3–6 Years (W34), by Managed Care Plan 2012–2016

Measure W34 -- Well-Child Visits
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6)
By Managed Care Plan 2012-2016

	2012		2013		2014		2015		2016	
	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	1,144	45.9%	2,364	53.9%	4,531	60.9%	7,490	57.1%	8,741	59.2%
Asuris NW Health Plan	201	67.7%								
Columbia United Providers	1,686	54.7%					7,202	60.1%		
Community Health Plan of WA	52,167	62.6%	46,353	61.2%	40,237	63.4%	34,034	62.8%	31,025	63.1%
Coordinated Care Corporation	3,868	56.7%	10,051	64.1%	13,737	66.5%	15,833	61.4%	21,684	64.6%
Group Health Cooperative	953	43.0%								
Kaiser Foundation Health Plan	44	27.3%								
Molina Healthcare of WA	75,539	62.4%	76,208	62.1%	67,849	64.9%	72,413	63.9%	81,045	62.4%
Regence Blue Shield	1,756	55.4%								
UnitedHealthcare Community Plan	2,544	57.9%	5,531	56.8%	10,167	63.0%	14,188	62.8%	16,210	62.1%
Native Health PCCM (multiple agencies)	947	40.3%	995	40.3%	946	48.2%	1,193	51.0%	1,013	50.7%
Medicaid Managed Care	140,849	61.6%	141,514	61.4%	137,467	64.2%	152,353	62.7%	159,718	62.6%
Medicaid Fee for Service	15,416	31.6%	14,531	30.8%	6,605	37.9%	7,053	58.6%	4,004	52.1%
Total	156,265	58.7%	156,045	58.6%	144,072	63.9%	159,406	62.5%	163,722	62.3%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Age refers to the age of the child as of December 31. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over the specified period. Plan listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **Recommended screening intervals** are one screening per 12-month period for 3-6 year olds.



Table 11b. Well-Child Visits: Ages 3–6 Years (W34), by Race/Ethnicity 2012–2016

Measure W34 -- Well-Child Visits
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6)
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)
Hispanic	52,176	33,640 64.5%	48,760	31,700 65.0%	51,848	35,679 68.8%	54,556	36,373 66.7%	54,554	36,818 67.5%
Not Hispanic or Ethnicity Unknown	69,283	38,244 55.2%	62,681	34,047 54.3%	60,575	36,663 60.5%	69,872	41,803 59.8%	72,415	43,038 59.4%
White	5,123	3,364 65.7%	4,610	3,009 65.3%	5,272	3,686 69.9%	6,088	4,244 69.7%	6,276	4,335 69.1%
Asian	8,637	5,202 60.2%	8,030	4,809 59.9%	8,684	5,551 63.9%	10,662	6,761 63.4%	11,411	6,971 61.1%
Black	3,580	1,694 47.3%	3,304	1,533 46.4%	2,969	1,569 52.8%	3,874	2,021 52.2%	4,186	2,135 51.0%
American Indian/Alaska Native	2,923	1,561 53.4%	2,690	1,454 54.1%	2,657	1,576 59.3%	3,839	2,188 57.0%	4,386	2,484 56.6%
Hawaiian/Pacific Islander	4,701	2,691 57.2%	5,901	3,305 56.0%	7,226	4,498 62.2%	5,227	3,086 59.0%	5,198	3,135 60.3%
More Than One Race	9,842	5,301 53.9%	20,069	11,554 57.6%	499	329 65.9%	5,288	3,154 59.6%	5,296	3,097 58.5%
Other/Unknown										
Total	156,265	91,697 58.7%	156,045	91,411 58.6%	144,072	92,100 63.9%	159,406	99,630 62.5%	163,722	102,013 62.3%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Age refers to the age of the child as of Dec 31 2014. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the FirstSteps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Recommended screening intervals** are one screening per 12-month period for 3-6 year olds.



Table 12a. Adolescent Well-Care Visits (AWC), by Managed Care Plan 2012–2016

Measure AWC -- Adolescent Well-Care Visits
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year
By Managed Care Plan 2012-2016

	2012		2013		2014		2015		2016	
	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	1,783	476 26.7%	4,234	1,208 28.5%	10,231	3,322 32.5%	15,858	4,949 31.2%	16,361	5,569 34.0%
Asuris NW Health Plan	302	103 34.1%								
Columbia United Providers	2,015	583 28.9%					12,024	3,710 30.9%		
Community Health Plan of WA	65,398	22,467 34.4%	61,862	21,009 34.0%	62,441	22,030 35.3%	58,904	20,795 35.3%	57,599	21,892 38.0%
Coordinated Care Corporation	5,657	1,883 33.3%	13,452	4,945 36.8%	22,994	8,391 36.5%	26,920	8,810 32.7%	35,908	13,700 38.2%
Group Health Cooperative	1,482	420 28.3%								
Kaiser Foundation Health Plan	67	13 19.4%								
Molina Healthcare of WA	86,319	32,139 37.2%	91,348	35,346 38.7%	93,692	38,696 41.3%	110,464	43,879 39.7%	133,895	52,210 39.0%
Regence Blue Shield	2,441	785 32.2%								
UnitedHealthcare Community Plan	3,801	1,204 31.7%	8,281	2,499 30.2%	18,439	6,563 35.6%	25,560	9,159 35.8%	27,667	10,298 37.2%
Native Health PCCM (multiple agencies)	1,294	257 19.9%	1,491	374 25.1%	1,487	401 27.0%	1,911	499 26.1%	1,362	382 28.0%
Medicaid Managed Care	170,559	60,330 35.4%	180,692	65,392 36.2%	209,284	79,403 37.9%	251,641	91,801 36.5%	272,792	104,051 38.1%
Medicaid Fee for Service	40,666	8,341 20.5%	39,246	8,889 22.6%	14,731	4,435 30.1%	15,693	4,686 29.9%	9,068	2,484 27.4%
Total	211,225	68,671 32.5%	219,938	74,281 33.8%	224,015	83,838 37.4%	267,334	96,487 36.1%	281,860	106,535 37.8%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Age refers to the age of the child as of the end of the measurement year. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over the specified period. **Plan** listed is the plan that the child was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. **PCCM** is Primary Care Case Management through tribal agencies. **The recommended screening interval** is one screening per 24-month period for 7-20 year olds. **Adolescents who did not have a visit during the year may still be within screening interval recommendations.**



Table 12b. Adolescent Well-Care Visits (AWC), by Race/Ethnicity 2012–2016

Measure AWC -- Adolescent Well-Care Visits
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year
By Race/Ethnicity 2012-2016

Race/Ethnicity	2012		2013		2014		2015		2016	
	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)	Eligible (N)	Had Visit (%)
Hispanic	50,605	36.1%	55,377	39.0%	66,094	41.5%	79,578	39.8%	86,404	42.6%
Not Hispanic or Ethnicity Unknown	109,442	30.3%	111,501	30.6%	104,502	34.1%	125,031	33.1%	128,840	34.3%
White	7,660	40.1%	8,090	41.6%	10,434	44.6%	12,650	43.1%	13,096	44.9%
Asian	14,469	35.8%	14,587	37.4%	14,793	40.5%	18,332	38.0%	19,063	39.3%
American Indian/Alaska Nativ	5,719	25.6%	5,648	28.4%	5,106	29.7%	6,958	29.5%	7,447	29.7%
Hawaiian/Pacific Islander	4,373	33.0%	4,457	33.9%	4,426	37.6%	6,428	36.7%	7,256	38.1%
More Than One Race	2,893	34.9%	5,223	36.7%	8,134	38.6%	5,559	36.3%	6,370	36.8%
Other/Unknown	16,064	31.6%	15,055	31.4%	190	74	38.9%	12,798	4,603	36.0%
Total	211,225	32.5%	219,938	33.8%	224,015	37.4%	267,334	36.1%	281,860	37.8%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Age refers to the age of the child as of the end of the measurement year. A child may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, and, for years 2015-2016, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Hispanic women may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the FirstSteps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. The **recommended screening interval** is one screening per 24-month period for 7-20 year olds. Adolescents who did not have a visit during the year may still be within screening interval recommendations.



Table 13a. Chlamydia Screening for Washington State Women Ages 16–20 Years (CHL), by Managed Care Plan 2012–2016

Measure CHL — Chlamydia Screening for Washington State Women Ages 16–20 Years Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active By Managed Care Plan 2012 to 2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Total Women	Screened for Chlamydia % of Total	Total Women	Screened for Chlamydia % of Total	Total Women	Screened for Chlamydia % of Total	Total Women	Screened for Chlamydia % of Total	Total Women	Screened for Chlamydia % of Total
Amerigroup Washington Inc	191	73 38.2%	462	191 41.3%	1,332	579 43.5%	2,056	1,074 52.2%	2,055	1,039 50.6%
Asuris NW Health Plan	49	20 40.8%								
Columbia United Providers	247	100 40.5%					1,319	539 40.9%		
Community Health Plan of WA	6,740	3,275 48.6%	5,904	2,646 44.8%	6,820	3,156 46.3%	6,593	3,195 48.5%	6,327	3,080 48.7%
Coordinated Care of Washington	603	257 42.6%	1,474	683 46.3%	2,758	1,399 50.7%	3,119	1,546 49.6%	4,127	2,074 50.3%
Group Health Cooperative	160	58 36.3%								
Molina Healthcare of WA	9,625	4,363 45.3%	9,351	4,325 46.3%	10,910	5,443 49.9%	13,079	6,574 50.3%	15,798	7,732 48.9%
Regence Blue Shield	344	160 46.5%								
UnitedHealthcare Community Plan	358	142 39.7%	821	290 35.3%	2,232	876 39.2%	3,091	1,403 45.4%	3,219	1,445 44.9%
Native Health PCCM (mult. agencies)	165	72 43.6%	183	82 44.8%	212	101 47.6%	253	106 41.9%	181	83 45.9%
Total	18,489	8,524 46.1%	18,195	8,217 45.2%	24,264	11,554 47.6%	29,510	14,437 48.9%	31,707	15,453 48.7%
Medicaid Managed Care	5,712	2,230 39.0%	5,272	2,210 41.9%	3,007	1,355 45.1%	2,759	1,283 46.5%	1,718	752 43.8%
Medicaid Fee for Service	24,201	10,754 44.4%	23,467	10,427 44.4%	27,271	12,909 47.3%	32,269	15,720 48.7%	33,425	16,205 48.5%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Women may have been enrolled in more than one plan over the 12-month period. Plan listed is the plan that the woman was enrolled in for the greatest amount of time, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes claims for programs using state funds only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, and women identified as sexually active solely due to a pregnancy test, and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test.

Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.



Table 13b. Chlamydia Screening for Washington State Women Ages 16–20 Years (CHL), by Race/Ethnicity 2012–2016

Measure CHL — Chlamydia Screening for Washington State Women Ages 16–20 Years Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active
By Race/Ethnicity 2012 to 2016

Medicaid Managed Care Plan	2012			2013			2014			2015			2016		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Hispanic	5,005	2,362	47.2%	5,005	2,332	46.6%	6,969	3,490	50.1%	8,200	4,143	50.5%	8,688	4,308	49.6%
Not Hispanic or Ethnicity Unknown	14,439	6,284	43.5%	13,576	5,975	44.0%	14,600	6,683	45.8%	17,570	8,356	47.6%	17,731	8,388	47.3%
White	499	182	36.5%	477	146	30.6%	646	255	39.5%	833	367	44.1%	956	437	45.7%
Asian	1,573	832	52.9%	1,498	773	51.6%	1,652	914	55.3%	2,093	1,194	57.0%	2,149	1,206	56.1%
Black	792	346	43.7%	766	341	44.5%	764	366	47.9%	1,038	487	46.9%	1,067	512	48.0%
American Indian/Alaska Nativ	364	142	39.0%	382	157	41.1%	405	200	49.4%	562	256	45.6%	645	330	51.2%
Hawaiian/Pacific Islander	665	308	46.3%	1,090	468	42.9%	1,643	794	48.3%	1,101	579	52.6%	1,167	595	51.0%
More Than One Race	864	298	34.5%	673	235	34.9%	592	207	35.0%	872	338	38.8%	1,022	429	42.0%
Other/Unknown															
Total	24,201	10,754	44.4%	23,467	10,427	44.4%	27,271	12,909	47.3%	32,269	15,720	48.7%	33,425	16,205	48.5%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes claims for programs using state funds only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, and women identified as sexually active solely due to a pregnancy test, and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the FirstSteps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 14.1a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–24 Months, by Managed Care Plan 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016					
	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)				
Amerigroup Washington Inc	233	81.5%	850	780	91.8%	2,148	2,044	95.2%	3,267	3,093	94.7%	3,440	3,219	93.6%
Asuris Northwest Health	96	99.0%												
Columbia United Providers	446	94.8%												
Community Health Plan of WA	14,487	97.0%	10,715	10,232	95.5%	9,069	8,699	95.9%	7,508	7,108	94.7%	7,327	6,937	94.7%
Coordinated Care of Washington	941	91.6%	3,375	3,210	95.1%	5,246	4,961	94.6%	5,396	5,097	94.5%	6,335	6,025	95.1%
Group Health Cooperative	275	79.3%												
Kaiser Foundation Health Plan	26	88.5%												
Molina Healthcare of Washington Inc	19,763	97.0%	19,002	18,471	97.2%	16,531	16,108	97.4%	17,033	16,503	96.9%	20,244	19,444	96.0%
Regence BlueShield	417	93.5%												
UnitedHealthcare Community Plan	724	92.1%	1,950	1,772	90.9%	4,299	4,025	93.6%	5,271	4,950	93.9%	5,248	4,914	93.6%
Native Health PCCM (multiple agencies)	380	90.0%	369	344	93.2%	373	354	94.9%	404	387	95.8%	133	132	99.2%
Medicaid Managed Care	37,788	96.4%	36,261	34,809	96.0%	37,666	36,191	96.1%	40,692	38,855	95.5%	42,727	40,671	95.2%
Medicaid Fee for Service	1,583	93.8%	1,420	1,347	94.9%	1,830	1,710	93.4%	1,885	1,787	94.8%	967	895	92.6%
Total Medicaid	39,371	96.3%	37,681	36,156	96.0%	39,496	37,901	96.0%	42,577	40,642	95.5%	43,694	41,566	95.1%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Child may have been enrolled in more than one plan over the 12-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating a primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating a home visit or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



Table 14.1b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–24 Months, by Race/Ethnicity 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)
Hispanic	12,814	98.0%	11,912	97.2%	13,008	97.4%	13,834	96.7%	14,171	96.4%
Not Hispanic or Ethnicity Unknown	18,712	95.5%	17,938	95.5%	18,001	95.1%	19,439	94.8%	20,052	94.7%
White	1,573	97.0%	1,548	96.1%	1,494	96.9%	1,726	95.7%	1,791	94.8%
Asian	2,249	96.4%	2,248	95.6%	2,560	95.6%	3,027	95.7%	2,949	94.7%
Black	869	94.0%	864	94.6%	795	94.6%	935	94.2%	899	95.6%
American Indian/Alaska Native	701	94.2%	772	94.3%	846	94.9%	1,217	92.7%	1,240	92.4%
Hawaiian/Pacific Islander	1,686	94.4%	1,841	94.8%	2,318	96.6%	1,728	95.7%	1,822	95.9%
More Than One Race	767	92.8%	558	93.2%	474	88.2%	671	91.7%	770	88.1%
Other/Unknown	39,371	96.3%	37,681	96.0%	39,496	96.0%	42,577	95.5%	43,694	95.1%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.



Table 14.2a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months–6 Years, by Managed Care Plan 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012			2013			2014			2015			2016		
	Eligible Children (N)	Child Had PCP Visit (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N)	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N)	Eligible Children with PCP Visit (%)
Amerigroup Washington Inc	1,353	915	67.6%	2,637	2,015	76.4%	5,641	4,534	80.4%	9,789	7,649	78.1%	11,562	9,272	80.2%
Asuris Northwest Health	251	212	84.5%												
Columbia United Providers	1,933	1,611	83.3%							8,781	7,346	83.7%			
Community Health Plan of WA	63,173	54,660	86.5%	55,073	46,408	84.3%	48,238	40,842	84.7%	40,557	33,699	83.1%	37,313	30,833	82.6%
Coordinated Care of Washington	4,642	3,531	76.1%	11,979	10,229	85.4%	17,108	14,459	84.5%	20,313	16,827	82.8%	27,312	22,788	83.4%
Group Health Cooperative	1,105	661	59.8%												
Kaiser Foundation Health Plan	47	31	66.0%												
Molina Healthcare of Washington Inc	90,430	79,168	87.5%	88,958	78,209	87.9%	82,544	72,996	88.4%	87,680	76,449	87.2%	98,671	84,141	85.3%
Regence BlueShield	2,073	1,625	78.4%												
UnitedHealthcare Community Plan	3,111	2,491	80.1%	6,450	5,039	78.1%	12,708	10,415	82.0%	18,304	14,950	81.7%	20,878	16,794	80.4%
Native Health PCCM (multiple agencies)	1,116	913	81.8%	1,185	961	81.1%	1,190	987	82.9%	1,525	1,280	83.9%	1,278	1,071	83.8%
Medicaid Managed Care	169,234	145,818	86.2%	166,282	142,861	85.9%	167,429	144,233	86.1%	186,949	158,200	84.6%	197,014	164,899	83.7%
Medicaid Fee for Service	8,787	7,368	83.9%	7,906	6,572	83.1%	7,957	6,665	83.8%	8,543	7,188	84.1%	4,797	3,946	82.3%
Total Medicaid	178,021	153,186	86.0%	174,188	149,433	85.8%	175,386	150,898	86.0%	195,492	165,388	84.6%	201,811	168,845	83.7%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Child may have been enrolled in more than one plan over the 12-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating a primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



Table 14.2b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 25 Months–6 Years, by Race/Ethnicity 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)	Eligible Children (N)	Child Had PCP Visit with PCP (%)
Hispanic	61,601	54,613 88.7%	60,800	53,835 88.5%	63,269	55,863 88.3%	67,249	58,503 87.0%	67,199	58,108 86.5%
Not Hispanic or Ethnicity Unknown										
White	77,094	65,661 85.2%	74,453	63,127 84.8%	72,887	61,876 84.9%	84,088	70,254 83.5%	88,669	73,269 82.6%
Asian	5,959	5,277 88.6%	5,832	5,155 88.4%	5,960	5,253 88.1%	7,055	6,142 87.1%	7,598	6,516 85.8%
Black	9,877	8,281 83.8%	9,812	8,300 84.6%	9,958	8,458 84.9%	12,071	10,131 83.9%	13,805	11,329 82.1%
American Indian/Alaska Native	4,057	3,396 83.7%	3,821	3,115 81.5%	3,306	2,786 84.3%	4,249	3,557 83.7%	4,924	4,093 83.1%
Hawaiian/Pacific Islander	3,260	2,562 78.6%	3,177	2,459 77.4%	3,007	2,406 80.0%	4,142	3,148 76.0%	5,363	4,035 75.2%
More Than One Race	5,987	5,041 84.2%	8,116	6,856 84.5%	11,827	10,124 85.6%	10,821	9,045 83.6%	8,079	6,665 82.5%
Other/Unknown	10,186	8,355 82.0%	8,177	6,586 80.5%	5,172	4,132 79.9%	5,817	4,608 79.2%	6,174	4,830 78.2%
Total Medicaid	178,021	153,186 86.0%	174,188	149,433 85.8%	175,386	150,898 86.0%	195,492	165,388 84.6%	201,811	168,845 83.7%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year.

PCP Visit refers to a claim with a taxonomy code indication of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year.



Table 14.3a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 7–11 Years, by Managed Care Plan 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP
By Managed Care Plan 2012-2016

	2012		2013		2014		2015		2016	
	Eligible Children (N)	Child Had PCP Visit (N) or with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N) or with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N) or with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N) or with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit (N) or with PCP Visit (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	1,138	845 74.3%	1,326	1,077 81.2%	2,736	2,348 85.8%	5,318	4,506 84.7%	7,895	6,577 83.3%
Asuris Northwest Health	149	136 91.3%					7,989	6,974 87.3%		
Columbia United Providers	1,434	1,292 90.1%								
Community Health Plan of WA	47,851	42,329 88.5%	45,750	40,732 89.0%	42,947	38,365 89.3%	36,883	32,967 89.4%	37,745	33,401 88.5%
Coordinated Care of Washington	3,867	3,206 82.9%	8,061	7,301 90.6%	11,748	10,631 90.5%	14,557	12,791 87.9%	23,090	20,024 86.7%
Group Health Cooperative	847	497 58.7%								
Kaiser Foundation Health Plan	42	36 85.7%								
Molina Healthcare of Washington Inc	66,214	59,133 89.3%	70,510	64,143 91.0%	69,156	63,196 91.4%	76,200	69,742 91.5%	92,988	83,961 90.3%
Regence BlueShield	1,646	1,399 85.0%								
UnitedHealthcare Community Plan	2,377	2,034 85.6%	3,914	3,358 85.8%	7,841	6,889 87.9%	11,718	10,212 87.1%	15,121	12,967 85.8%
Native Health PCCM (multiple agencies)	751	621 82.7%	875	733 83.8%	814	697 85.6%	921	793 86.1%	958	829 86.5%
Medicaid Managed Care	126,316	111,528 88.3%	130,436	117,344 90.0%	135,242	122,126 90.3%	153,586	137,985 89.8%	177,797	157,759 88.7%
Medicaid Fee for Service	9,052	7,863 86.9%	7,853	6,755 86.0%	7,710	6,619 85.8%	8,239	7,110 86.3%	4,639	4,045 87.2%
Total Medicaid	135,368	119,391 88.2%	138,289	124,099 89.7%	142,952	128,745 90.1%	161,825	145,095 89.7%	182,436	161,804 88.7%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Child may have been enrolled in more than one plan over the 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year and the year prior.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



Table 14.3b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 7–11 Years, by Race/Ethnicity 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)
Hispanic	45,293	90.4%	48,411	92.1%	54,980	92.2%	61,330	91.8%	67,976	91.0%
Not Hispanic or Ethnicity Unknown										
White	59,482	87.5%	58,172	88.8%	56,000	88.9%	64,625	88.5%	74,312	87.7%
Asian	4,560	88.3%	4,579	90.5%	4,701	90.5%	5,915	90.1%	6,718	89.4%
Black	8,046	85.7%	8,132	87.5%	8,082	88.4%	9,434	88.9%	11,715	87.8%
American Indian/Alaska Native	3,102	87.4%	3,096	87.7%	2,798	87.7%	3,327	87.2%	4,472	86.8%
Hawaiian/Pacific Islander	2,474	81.6%	2,482	83.3%	2,429	83.5%	2,954	83.9%	4,164	80.7%
More Than One Race	3,056	87.0%	4,777	89.4%	8,344	89.2%	8,002	88.8%	6,304	86.8%
Other/Unknown	9,355	86.5%	8,640	87.3%	5,618	87.5%	6,238	86.8%	6,775	85.3%
Total Medicaid	135,368	88.2%	138,289	89.7%	142,952	90.1%	161,825	89.7%	182,436	88.7%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the year prior.



Table 14.4a. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–19 Years, by Managed Care Plan 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children Age 12 to 19 Years Enrolled in Medicaid/CHIP
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Eligible Children (N)	Child Had PCP Visit 2012 or with PCP (N) Visit (%)	Eligible Children (N)	Child Had PCP Visit 2013 or with PCP (N) Visit (%)	Eligible Children (N)	Child Had PCP Visit 2014 or with PCP (N) Visit (%)	Eligible Children (N)	Child Had PCP Visit 2015 or with PCP (N) Visit (%)	Eligible Children (N)	Child Had PCP Visit 2016 or with PCP (N) Visit (%)
Amerigroup Washington Inc	1,364	1,068 78.3%	1,771	1,453 82.0%	3,637	3,060 84.1%	7,359	6,232 84.7%	10,465	8,744 83.6%
Asuris Northwest Health	230	206 89.6%								
Columbia United Providers	1,535	1,349 87.9%					9,795	8,466 86.4%		
Community Health Plan of WA	54,135	47,451 87.7%	52,821	46,714 88.4%	51,151	44,946 87.9%	44,301	39,003 88.0%	45,477	39,775 87.5%
Coordinated Care of Washington	4,722	3,871 82.0%	9,134	8,210 89.9%	13,550	12,037 88.8%	17,335	14,979 86.4%	28,111	24,097 85.7%
Group Health Cooperative	1,230	721 58.6%								
Kaiser Foundation Health Plan	45	32 71.1%								
Molina Healthcare of Washington Inc	71,257	63,287 88.8%	76,277	69,206 90.7%	77,655	70,897 91.3%	86,213	78,534 91.1%	106,565	96,170 90.2%
Regence BlueShield	2,056	1,753 85.3%								
UnitedHealthcare Community Plan	2,932	2,426 82.7%	4,688	3,944 84.1%	9,497	8,194 86.3%	14,519	12,493 86.0%	18,591	15,826 85.1%
Native Health PCCM (multiple agencies)	865	709 82.0%	969	830 85.7%	1,003	866 86.3%	1,178	1,030 87.4%	1,140	994 87.2%
Medicaid Managed Care	140,371	122,873 87.5%	145,660	130,357 89.5%	156,493	140,000 89.5%	180,700	160,737 89.0%	210,349	185,606 88.2%
Medicaid Fee for Service	13,724	11,794 85.9%	11,298	9,687 85.7%	10,964	9,397 85.7%	11,544	9,953 86.2%	6,404	5,624 87.8%
Total Medicaid	154,095	134,667 87.4%	156,958	140,044 89.2%	167,457	149,397 89.2%	192,244	170,690 88.8%	216,753	191,230 88.2%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Child may have been enrolled in more than one plan over the 24-month period. Plan listed is the plan that the child was enrolled in for the greatest amount of time in the measurement year, or, in the case of a tie, the most recently occurring enrollment. PCCM is Primary Care Case Management through tribal agencies. Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year and the year prior.

Amerigroup Washington Inc, Coordinated Care of Washington, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

PCP Visit refers to a claim with a taxonomy code indicating of primary care provider, and a specific CPT, HCPCS, or diagnosis code indicating an office or other outpatient's service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the prior year. Visits may be underreported for managed care plans with comprehensive coverage that is not captured in individual encounter records, such as Group Health Cooperative and Kaiser Foundation Health Plan.



Table 14.4b. Child and Adolescent Access to Primary Care Practitioners (PCP) (CAP): Ages 12–19 Years, by Race/Ethnicity 2012–2016

Measure CAP -- Child and Adolescent Access to Primary Care Practitioners (PCP)
For Children/Adolescents Age 12 to 19 Years Enrolled in Medicaid/CHIP
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016	
	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)	Eligible Children (N)	PCP Visit (%)
Hispanic	41,967	89.1%	45,112	91.1%	53,573	91.0%	61,956	90.3%	70,889	89.7%
Not Hispanic or Ethnicity Unknown										
White	75,649	87.6%	74,735	89.0%	74,800	88.7%	85,847	88.2%	96,245	87.9%
Asian	6,098	84.0%	6,240	87.6%	6,685	87.7%	8,482	88.2%	9,757	87.9%
Black	10,809	85.7%	10,700	88.3%	10,589	88.4%	11,909	88.1%	14,044	87.3%
American Indian/Alaska Native	4,130	87.9%	3,915	88.9%	3,498	89.6%	4,166	89.9%	5,403	88.8%
Hawaiian/Pacific Islander	3,044	79.5%	2,982	82.0%	2,879	83.9%	3,519	84.4%	4,056	82.6%
More Than One Race	2,283	87.2%	4,077	90.1%	9,130	89.5%	8,550	89.1%	6,182	88.3%
Other/Unknown	10,115	84.9%	9,197	86.4%	6,303	85.0%	7,815	85.5%	9,320	84.3%
Total Medicaid	154,095	87.4%	156,958	89.2%	167,457	89.2%	192,244	88.8%	216,753	88.2%

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children/adolescents with eligibility for programs using state funds only, those who are eligible for both Medicaid and Medicare, and those with full third-party liability.

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Eligible children were enrolled on December 31 and were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed in each year) during the measurement year and the year prior.

PCP Visit refers to a claim with a taxonomy code indicating primary care provider, and a specific CPT, HCPCS, diagnosis code, or revenue code indicating an office or other outpatient's service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year or the year prior.



Table 15.0a. Ambulatory Care — Emergency Department Visits (AMB):
Ages 0–19 Years, by Managed Care Plan 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Up to Age 19 Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012			2013			2014			2015			2016		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Amerigroup Washington Inc	2,491	64,484	38.6	7,059	182,163	38.8	13,617	362,763	37.5	20,377	499,084	40.8	22,690	557,591	40.7
Asuris NW Health Plan	763	19,607	38.9												
Columbia United Providers	9,355	287,186	32.6							11,489	392,060	29.3			
Community Health Plan of WA	101,683	2,435,046	41.8	95,301	2,359,795	40.4	86,290	2,202,182	39.2	80,192	1,891,894	42.4	75,137	1,850,410	40.6
Coordinated Care of Washington	8,053	173,523	46.4	25,986	554,155	46.9	38,132	824,258	46.3	42,565	911,755	46.7	52,709	1,172,575	45.0
Group Health Cooperative	981	100,432	9.8												
Kaiser Foundation Health Plan	145	6,350	22.8												
Molina Healthcare of WA	134,840	3,490,708	38.6	141,979	3,637,971	39.0	137,679	3,511,265	39.2	150,470	3,825,234	39.3	170,611	4,582,450	37.2
Regence Blue Shield	9,615	188,166	51.1												
UnitedHealthcare Community Pl.	4,737	122,521	38.7	14,496	357,176	40.6	25,193	671,049	37.5	32,617	855,372	38.1	35,004	977,340	35.8
Native Health PCCM (mult. agency)	2,927	50,991	57.4	3,138	57,935	54.2	3,139	60,317	52.0	3,368	63,037	53.4	2,339	46,825	50.0
Medicaid Managed Care	275,590	6,939,014	39.7	287,959	7,149,195	40.3	304,050	7,631,834	39.8	341,078	8,438,436	40.4	358,490	9,187,191	39.0
Medicaid Fee for Service	43,820	1,004,793	43.6	33,803	840,699	40.2	43,298	940,930	46.0	37,908	798,659	47.5	20,765	453,606	45.8
Total	319,410	7,943,807	40.2	321,762	7,989,894	40.3	347,348	8,572,764	40.5	378,986	9,237,095	41.0	379,255	9,640,797	39.3

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over time. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.0b. Ambulatory Care — Emergency Department Visits (AMB):
Ages 0–19 Years, by Race/Ethnicity 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Under Age One to Age 19 Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Race/Ethnicity 2012-2016

	2012			2013			2014			2015			2016		
	Total ED Visits	Total Elig 1,000 Mths	Visits per 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Visits per 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Visits per 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Visits per 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Visits per 1,000 Mths
Hispanic	102,915	2,452,924	42.0	107,624	2,510,333	42.9	117,451	2,672,328	44.0	126,657	2,843,974	44.5	125,330	2,931,935	42.7
Not Hispanic or Ethnicity Unknown	150,368	3,731,248	40.3	144,056	3,659,762	39.4	151,344	3,905,807	38.7	169,300	4,254,846	39.8	174,522	4,483,291	38.9
White	3,863	220,561	17.5	4,145	222,402	18.6	4,881	269,112	18.1	5,487	288,234	19.0	5,195	297,492	17.5
Asian	19,228	426,232	45.1	19,649	427,131	46.0	21,422	455,982	47.0	24,084	490,947	49.1	22,470	510,077	44.1
Black	8,431	164,945	51.1	7,747	160,373	48.3	7,938	163,872	48.4	8,957	182,712	49.0	9,071	190,710	47.6
American Indian/Alaska Nativ	4,863	133,029	36.6	5,375	136,103	39.5	6,193	152,400	40.6	7,222	180,718	40.0	7,684	203,138	37.8
Hawaiian/Pacific Islander	21,814	532,520	41.0	23,072	572,031	40.3	24,440	597,962	40.9	24,070	609,272	39.5	22,206	595,451	37.3
More Than One Race	7,928	282,348	28.1	10,094	301,759	33.5	13,679	355,301	38.5	13,209	386,392	34.2	12,777	428,703	29.8
Other/Unknown															
Total	319,410	7,943,807	40.2	321,762	7,989,894	40.3	347,348	8,572,764	40.5	378,986	9,237,095	41.0	379,255	9,640,797	39.3

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.1a. Ambulatory Care — Emergency Department Visits (AMB):
Ages 0–1 Year, by Managed Care Plan 2012–2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016						
	Total ED Visits	Total Elig Months	Total ED Visits	Total Elig Months	Total ED Visits	Total Elig Months	Total ED Visits	Total Elig Months	Total ED Visits	Total Elig Months					
	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths	Visits per 1,000 Mths					
Amerigroup Washington Inc	374	5,157	72.5	1,480	19,469	76.0	2,577	35,388	72.8	3,250	42,996	75.6	3,709	46,846	79.2
Asuris NW Health Plan	145	1,846	78.5												
Columbia United Providers	1,241	19,181	64.7							1,386	21,845	63.4			
Community Health Plan of WA	14,816	166,229	89.1	12,065	133,729	90.2	8,968	109,963	81.6	8,244	95,550	86.3	8,084	95,156	85.0
Coordinated Care of Washington	1,268	13,826	91.7	5,053	54,603	92.5	6,450	68,169	94.6	6,081	64,587	94.2	7,113	77,279	92.0
Group Health Cooperative	111	5,751	19.3												
Kaiser Foundati on Health Plan	31	707	43.8												
Molina Healthcare of WA	18,454	242,851	76.0	18,010	229,989	78.3	14,507	189,677	76.5	16,286	207,110	78.6	19,413	263,207	73.8
Regence Blue Shield	1,066	11,017	96.8												
UnitedHealthcare Community Plan	784	10,581	74.1	2,965	38,981	76.1	4,294	59,813	71.8	4,806	65,881	72.9	4,658	70,706	65.9
Native Health PCCM (mult. agencies)	674	5,011	134.5	629	5,471	115.0	508	4,567	111.2	498	3,979	125.2	142	1,402	101.3
Medicaid Managed Care	38,964	482,157	80.8	40,202	482,242	83.4	37,304	467,577	79.8	40,551	501,948	80.8	43,119	554,596	77.7
Medicaid Fee for Service	5,273	75,472	69.9	4,662	71,063	65.6	6,917	96,099	72.0	6,509	87,671	74.2	3,318	49,176	67.5
Total	44,237	557,629	79.3	44,864	553,305	81.1	44,221	563,676	78.5	47,060	589,619	79.8	46,437	603,772	76.9

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over time. **PCCM** is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.1b. Ambulatory Care — Emergency Department Visits (AMB):
Ages 0–1 Year, by Race/Ethnicity 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Race/Ethnicity 2012-2016

	2012			2013			2014			2015			2016		
	Total ED Visits	1,000 Mths	per 1,000 Mths	Total ED Visits	1,000 Mths	per 1,000 Mths	Total ED Visits	1,000 Mths	per 1,000 Mths	Total ED Visits	1,000 Mths	per 1,000 Mths	Total ED Visits	1,000 Mths	per 1,000 Mths
Hispanic	15,316	163,279	93.8	15,536	157,070	98.9	14,865	153,500	96.8	14,958	147,866	101.2	14,079	141,982	99.2
Not Hispanic or Ethnicity Unknown	20,406	292,685	69.7	17,506	247,387	70.8	17,247	263,614	65.4	23,803	345,218	69.0	25,009	372,122	67.2
White	560	13,361	41.9	649	13,590	47.8	665	13,658	48.7	649	13,591	47.8	542	13,207	41.0
Asian	2,208	24,453	90.3	2,480	27,056	91.7	2,965	31,400	94.4	3,019	32,733	92.2	2,581	28,779	89.7
Black	1,237	10,324	119.8	1,120	10,455	107.1	1,131	11,168	101.3	1,215	11,167	108.8	1,202	11,044	108.8
American Indian/Alaska Native	839	7,789	107.7	1,033	8,809	117.3	1,246	11,878	104.9	1,453	13,811	105.2	1,386	13,861	100.0
Hawaiian/Pacific Islander	3,373	41,658	81.0	3,115	39,168	79.5	2,417	27,271	88.6	1,556	18,196	85.5	1,185	14,557	81.4
More Than One Race	298	4,080	73.0	3,425	49,770	68.8	3,685	51,187	72.0	407	7,037	57.8	453	8,220	55.1
Other/Unknown															
Total	44,237	557,629	79.3	44,864	553,305	81.1	44,221	563,676	78.5	47,060	589,619	79.8	46,437	603,772	76.9

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.2a. Ambulatory Care — Emergency Department Visits (AMB):
Ages 1–9 Years, by Managed Care Plan 2012–2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016	
	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths
	1,118	35.8	3,087	36.4	6,027	36.4	9,964	41.4	11,234	40.5
Amerigroup Washington Inc	1,118	35.8	3,087	36.4	6,027	36.4	9,964	41.4	11,234	40.5
Asuris NW Health Plan	357	10,357	34.5							
Columbia United Providers	5,100	153,295	33.3				5,909	197,483	29.9	
Community Health Plan of WA	55,250	1,302,278	42.4	53,333	1,259,124	42.4	46,260	1,136,346	40.7	41,777
Coordinated Care of Washington	3,892	86,784	44.8	12,907	283,198	45.6	19,475	416,460	46.8	22,730
Group Health Cooperative	489	48,103	10.2							
Kaiser Foundation Health Plan	75	3,100	24.2							
Molina Healthcare of WA	74,311	1,926,974	38.6	79,847	1,999,221	39.9	75,632	1,887,378	40.1	79,900
Regence Blue Shield	5,175	98,512	52.5							
UnitedHealthcare Community Plan	2,317	59,937	38.7	6,941	174,416	39.8	12,467	327,882	38.0	16,888
Native Health PCCM (mult. agencies)	1,399	26,281	53.2	1,543	30,083	51.3	1,669	31,519	53.0	1,729
Medicaid Managed Care	149,483	3,746,820	39.9	157,658	3,830,743	41.2	161,530	3,965,332	40.7	178,897
Medicaid Fee for Service	18,700	462,799	40.4	14,982	394,133	38.0	17,937	422,604	42.4	14,739
Total	168,183	4,209,619	40.0	172,640	4,224,876	40.9	179,467	4,387,936	40.9	193,636
										4,678,107
										41.4
										190,507
										4,852,507
										39.3

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over time. **PCCM** is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.2b. Ambulatory Care — Emergency Department Visits (AMB):
Ages 1–9 Years, by Race/Ethnicity 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Race/Ethnicity 2012-2016

	2012			2013			2014			2015			2016		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	58,775	1,394,864	42.1	61,594	1,403,714	43.9	64,333	1,425,176	45.1	68,116	1,477,065	46.1	65,488	1,481,847	44.2
Not Hispanic or Ethnicity Unknown															
White	74,968	1,927,537	38.9	75,668	1,926,783	39.3	75,444	1,994,455	37.8	80,795	2,124,873	38.0	83,687	2,255,994	37.1
Asian	2,147	98,638	21.8	2,414	100,060	24.1	2,751	116,525	23.6	3,172	124,800	25.4	2,944	130,080	22.6
Black	9,373	203,858	46.0	9,801	205,846	47.6	10,243	216,049	47.4	12,068	235,919	51.2	11,181	251,400	44.5
American Indian/Alaska Native	3,865	80,806	47.8	3,701	79,882	46.3	3,768	79,820	47.2	4,088	89,228	45.8	4,107	92,912	44.2
Hawaiian/Pacific Islander	2,612	65,173	40.1	2,919	67,545	43.2	3,190	73,266	43.5	3,669	88,267	41.6	4,135	100,849	41.0
More Than One Race	12,374	297,632	41.6	12,864	313,803	41.0	13,131	319,864	41.1	12,985	321,933	40.3	11,283	307,505	36.7
Other/Unknown	4,069	141,111	28.8	3,679	127,243	28.9	6,607	162,781	40.6	8,743	216,022	40.5	7,682	231,920	33.1
Total	168,183	4,209,619	40.0	172,640	4,224,876	40.9	179,467	4,387,936	40.9	193,636	4,678,107	41.4	190,507	4,852,507	39.3

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid/IC in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one **visit**. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.3a. Ambulatory Care — Emergency Department Visits (AMB):
Ages 10–19 Years by Managed Care Plan 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Managed Care Plan 2012-2016

Medicaid Managed Care Plan	2012		2013		2014		2015		2016						
	Total ED Visits	Total Elig 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths	Total ED Visits	Total Elig 1,000 Mths					
Amerigroup Washington Inc	999	28,428	35.5	2,492	77,993	32.0	5,013	161,628	31.0	7,163	215,125	33.3	7,747	233,674	33.2
Asuris NW Health Plan	261	7,404	35.3												
Columbia United Providers	3,014	114,710	26.3							4,194	172,732	24.3			
Community Health Plan of WA	31,617	966,539	32.7	29,903	966,942	30.9	31,062	955,873	32.5	30,171	845,444	35.7	29,171	842,433	34.6
Coordinated Care of Washington	2,893	72,913	39.7	8,026	216,354	37.1	12,207	339,629	35.9	13,754	376,793	36.5	18,379	494,699	37.2
Group Health Cooperative	381	46,578	8.2												
Kaiser Foundation Health Plan	39	2,543	15.3												
Molina Healthcare of WA	42,075	1,320,883	31.9	44,122	1,408,761	31.3	47,540	1,434,210	33.1	54,284	1,613,473	33.6	64,392	1,978,030	32.6
Regence Blue Shield	3,374	78,637	42.9												
UnitedHealthcare Community Plan	1,636	52,003	31.5	4,590	143,779	31.9	8,432	283,354	29.8	10,923	359,606	30.4	12,416	407,723	30.5
Native Health PCCM (mult. agencies)	854	19,699	43.4	966	22,381	43.2	962	24,231	39.7	1,141	25,964	43.9	926	19,936	46.4
Medicaid Managed Care	87,143	2,710,037	32.2	90,099	2,836,210	31.8	105,216	3,198,925	32.9	121,630	3,609,137	33.7	133,031	3,976,495	33.5
Medicaid Fee for Service	19,847	466,522	42.5	14,159	375,503	37.7	18,444	422,227	43.7	16,660	360,232	46.2	9,280	208,023	44.6
Total	106,990	3,176,559	33.7	104,258	3,211,713	32.5	123,660	3,621,152	34.1	138,290	3,969,369	34.8	142,311	4,184,518	34.0

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. Child may have been enrolled in more than one plan over time. PCCM is Primary Care Case Management through tribal agencies. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Table 15.3b. Ambulatory Care — Emergency Department Visits (AMB):
Ages 10–19 Years by Race/Ethnicity 2012–2016

Measure AMB -- Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2012-2016
By Race/Ethnicity 2012-2016

	2012		2013		2014		2015		2016							
	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths	Total ED Visits	Visits per 1,000 Mths						
Hispanic	28,824	894,781	32.2	30,494	949,549	32.1	38,253	1,093,652	35.0	43,583	1,219,043	35.8	45,763	1,308,106	35.0	
Not Hispanic or Ethnicity Unknown																
White	54,994	1,511,026	36.4	50,882	1,485,592	34.3	58,653	1,647,738	35.6	64,702	1,784,755	36.3	65,826	1,855,175	35.5	
Asian	1,156	108,562	10.6	1,082	108,752	9.9	1,465	138,929	10.5	1,666	149,843	11.1	1,709	154,205	11.1	
Black	7,647	197,921	38.6	7,368	194,229	37.9	8,214	208,533	39.4	8,997	222,295	40.5	8,708	229,898	37.9	
American Indian/Alaska Native	3,329	73,815	45.1	2,926	70,036	41.8	3,039	72,884	41.7	3,654	82,317	44.4	3,762	86,754	43.4	
Hawaiian/Pacific Islander	1,412	60,067	23.5	1,423	59,749	23.8	1,757	67,256	26.1	2,100	78,640	26.7	2,163	88,428	24.5	
More Than One Race	6,067	193,230	31.4	7,093	219,060	32.4	8,892	250,827	35.5	9,529	269,143	35.4	9,738	273,389	35.6	
Other/Unknown	3,561	137,157	26.0	2,990	124,746	24.0	3,387	141,333	24.0	4,059	163,333	24.9	4,642	188,563	24.6	
Total	106,990	3,176,559	33.7	104,258	3,211,713	32.5	123,660	3,621,152	34.1	138,290	3,969,369	34.8	142,311	4,184,518	34.0	

SOURCE: Prepared for Health Care Authority by DSHS Research and Data Analysis Division.

Excludes children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, and children with full third-party liability. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. Emergency claims occurring on the same day were considered one visit. Visits do not include fee-for-service claims with no Medicaid-paid amount.



Appendix D: Maternity Practices in Infant Nutrition and Care (mPINC)

WASHINGTON

CDC National Survey:
Maternity Practices in
mPINC
Infant Nutrition & Care

2015 REPORT

Changes in maternity care improve breastfeeding outcomes.

CDC's mPINC Reports have what you need to understand and improve care across Washington:

- 2015 survey scores and ranks
- Action ideas to improve outcomes
- Trends across all mPINC surveys:

New! — **TOTAL SCORES** averaging all hospitals' scores

- **POLICIES** for staff training and infant feeding care
- **PRACTICES** in supplementing breastfed infants
- **PROTOCOLS** for support after discharge to home

What is mPINC?
mPINC is CDC's national survey of maternity practices in infant nutrition and care.

What does mPINC measure?
Survey questions measure infant feeding care practices, policies, and staffing expectations in place at hospitals that provide maternity services.

Who is included in mPINC surveys?
Every other year, CDC invites all maternity hospitals* nationwide to participate in mPINC. In 2015, **81%** of eligible Washington hospitals took part. (n=59)

* In states with free-standing birth centers, this includes hospitals and birth centers.

Compare **TOTAL SCORES** from 2007 through 2015:

72	75	77	82	83
2007 survey	2009 survey	2011 survey	2013 survey	2015 survey

Examine **IDEAL RESPONSES TO SELECTED ITEMS** in Washington hospitals for 2007–2015:

Percentage of Washington hospitals with ideal responses (2007–2015 surveys)

Category	2007	2009	2011	2013	2015
Complete Hospital Policies: Hospital breastfeeding policy includes all 10 model policy elements. (in <i>Structural & Organizational Aspects of Care Delivery</i>)	5%	10%	16%	17%	15%
Appropriate Feeding Practices: Supplemental feedings to breastfeeding infants are rare. (in <i>Feeding of Breastfed Infants</i>)	44%	36%	46%	48%	47%
Adequate Discharge Protocols: Hospital provides appropriate discharge planning (referrals & other multi-modal support). (in <i>Hospital Discharge Care</i>)	32%	28%	31%	33%	41%

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

Make mPINC work for you.

Use your mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Total SCORE* **83**
(out of 100)

Overall RANK** **10th**
(out of 53)

USE THESE RESULTS.

Action ideas:

Use your mPINC summary data to:

→ **Help** hospitals meet Joint Commission Perinatal Care Core Measure breastfeeding requirements.

→ **Ensure** hospital staff across Washington are trained in infant feeding care.

→ **Celebrate** the 5 Baby-Friendly hospitals in Washington and show how to use mPINC to work toward Baby-Friendly designation.

Learn how mPINC works.

See questionnaires, past survey results, and read about mPINC.

→ Go to www.cdc.gov/mpinc or

→ Scan this code:



mPINC Care Dimensions

Ideal response to each care dimension item

Percentage of hospitals with ideal response | Care Dimension SUBSCORES

Labor and Delivery Care **91**

Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	88%
Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	78%
Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	77%
Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	71%
Routine procedures are performed skin-to-skin	70%

Feeding of Breastfed Infants **91**

Initial feeding is breast milk (vaginal births)	88%
Initial feeding is breast milk (cesarean births)	78%
Supplemental feedings to breastfeeding infants are rare†	47%
Water and glucose water are not used	93%

Breastfeeding Assistance **91**

Infant feeding decision is documented in the patient chart	98%
Staff provide breastfeeding advice & instructions to patients	98%
Staff teach breastfeeding cues to patients	90%
Staff teach patients not to limit suckling time	67%
Staff directly observe & assess breastfeeding	95%
Staff use a standard feeding assessment tool	80%
Staff rarely provide pacifiers to breastfeeding infants	60%

Contact Between Mother and Infant **96**

Mother-infant pairs are not separated for postpartum transition	97%
Mother-infant pairs room-in at night	98%
Mother-infant pairs are not separated during the hospital stay	93%
Infant procedures, assessment, & care are in the patient room	33%
Non-rooming-in infants are brought to mothers at night for feeding	100%

Hospital Discharge Care **75**

Staff provide appropriate discharge planning† (referrals & other multi-modal support)	41%
Discharge packs containing infant formula samples and marketing products are not given to breastfeeding patients	88%

Staff Training **57**

New staff receive appropriate breastfeeding education	22%
Current staff receive appropriate breastfeeding education	29%
Staff received breastfeeding education in the past year	50%
Competency assessment in bf management & support is at least annual	36%

Structural & Organizational Aspects of Care Delivery **78**

Breastfeeding policy includes all 10 model policy elements†	15%
Breastfeeding policy is effectively communicated	80%
Facility documents infant feeding rates in patient population	92%
Facility provides breastfeeding support to employees	69%
Facility does not receive infant formula free of charge	59%
Breastfeeding is included in prenatal patient education	81%
Facility has a designated staff member who coordinates lactation care	64%

* Scores range from 0 to 100 for each item, dimension of care, facility, and state. The highest, best possible score for each is 100. Each facility and state's "Total Score" is made up of subscores for practices in each of 7 dimensions of care.

**Ranks range from 1 to 53; 1 is the highest rank. In case of a tie, both are given the same rank.

† Key items highlighted on page 1.

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Centers for Disease Control and Prevention. Washington 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA, September 2016.