

Washington State Health Care Authority

Report to the Legislature

Child Health Services: Provider Performance

Engrossed Substitute House Bill 2128
Chapter 463, Laws of 2009

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EXECUTIVE SUMMARY

Section 3 of Engrossed Substitute House Bill 2128, enacted as Chapter 463, Laws of 2009, RCW 74.09.480, directs the Health Care Authority to provide a report related to provider performance on a set of explicit performance measures that can indicate whether the overall health of enrolled children is improving. These reports were to begin September 2010 and be submitted biennially thereafter.

The aforementioned bill states, “*The departments shall provide a report to the governor and the legislature related to provider performance on these measures beginning in September 2010 for 2007 through 2009 and the authority shall provide the report biennially thereafter.*” The statute further defines the types of performance measures to be addressed: “*Such indicators may include, but are not limited to:*”

- (a) Childhood immunization rates;
- (b) Well child care utilization rates;
- (c) Care management for children with chronic illnesses;
- (d) Emergency room utilization;
- (e) Visual acuity and eye health;
- (f) Preventive oral health service utilization; and
- (g) Children’s mental health status.

This report, the second in a series of biennial reports, presents child health performance measures for Medicaid-enrolled children, as required by RCW 74.09.480. Twelve performance measures were selected for inclusion in this report, based on those listed in the statute, CMS’s Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set), data availability, and the feasibility of reporting. The measure definitions are as specified in the CMS Technical Specifications and Resource Manual for the core measure set.

The most recent data available are from calendar year 2013. For most measures, data are reported for multiple time periods (up to five years, from 2009 to 2013), by Medicaid managed care plan, and by race/ethnicity. For selected measures, comparisons to the Non-Medicaid population are presented. Current Washington State values are also compared to those previously reported for managed care plans by Acumentra Health, national averages for Medicaid health maintenance organizations (HMOs) reported by the National Committee for Quality Assurance (NCQA), and averages reported by all states that submitted data for the core measure set.

The majority of Medicaid beneficiaries in Washington (81%) are enrolled in managed care. In 2013, there were five managed care organizations (MCOs): Amerigroup Washington Inc. (AMG), Community Health Plan of Washington (CHP), Coordinated Care Corp. (CCC), Molina Healthcare of Washington (MHW), and UnitedHealthcare Community Plan (UHC). In addition, several Native Health agencies provided primary care case management (PCCM) services funded through capitation payments. Amerigroup, Coordinated Care, and UnitedHealthcare began contracting with Health Care Authority (HCA) on July 1, 2012.

Measures are based on data from Medicaid claims and encounters and eligibility records from the ProviderOne system, vital records (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), immunization history (records from Department of

Health's Child Profile immunization registry, individually linked to Medicaid clients), and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) CMS-416 report.

With these baseline data for twelve measures from CMS's Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, the Health Care Authority will have the opportunity to review performance with managed care plans and other stakeholders, set specific targets as appropriate, and explore incentives for providers and health plans that demonstrate and sustain improvement on these measures. The Health Care Authority will expand the number of reported performance measures over time, as resources permit, to include as many of the core measure set as possible.

KEY FINDINGS

- Washington State exceeded national goals for one measure: low birth weight.
- One measure, frequency of ongoing prenatal care, was comparable to national averages.
- Two measures were slightly lower than national averages: childhood immunization combination 3, and children and adolescent access to primary care practitioners (7 to 11 years, and 12 to 19 years).
- Seven measures were well below national averages: timeliness of prenatal care, immunization status for adolescents, well-child visits for both 15-month-olds and children 3 to 6 years old, well-care visits for adolescents 12-21 years old, children access to primary care practitioners (12 to 24 months, and 25 months to 6 years), chlamydia screening in young women, and Human Papillomavirus Vaccine for female adolescents.
- Among measures that are reported for multiple years, improving trends over time were noted for the following measures: timeliness of prenatal care, frequency of ongoing prenatal care, emergency department visits, children and adolescent access to primary care practitioners, and chlamydia screening in women.
- For all measures reported by race/ethnicity, strong differences were observed. The patterns of racial/ethnic disparities varied for measures related to pregnancy and delivery and those related to infant and child health service use. For pregnancy and delivery measures, those for white women tended to be most favorable and those for American Indians/Alaska Natives and Hawaiian/Pacific Islanders tended to be least favorable. For child health services measures, those for Asian children tended to be most favorable, and those for American Indian/Alaska Natives tended to be least favorable. For some measures, the differences by race/ethnicity were quite striking.

1 Timeliness of Prenatal Care

The best time for a pregnant woman to begin prenatal care (PNC) is during her first trimester. Early prenatal care facilitates early detection and treatment of medical and obstetric conditions. Early prenatal care also provides an opportunity to educate women about numerous factors that affect birth outcomes such as nutrition, appropriate weight gain and exercise, as well as risks associated with smoking, alcohol and illicit drugs, and environmental hazards (Lewis, Mathews, and Heuser, 1996). Women enrolled in Medicaid demonstrate a higher prevalence of risk factors for poor birth outcomes and are therefore more likely to benefit from early prenatal care.

In 2013, Washington adopted a set of performance measures known as ResultsWashington. Goal 4: Healthy and Safe Communities of ResultsWashington includes a measure for first trimester prenatal care entry. The stated goal for first trimester prenatal care is to increase the rate of infants whose mother receive prenatal care in the first trimester from 72.4% in 2011 to 75.5% by 2016. In 2012 and 2013, the statewide rate of first trimester prenatal care increased modestly to 73.5% in 2012 and 74.0% in 2013. Disparities persist between Medicaid and Non-Medicaid women, with 64.1% of Medicaid women overall receiving first trimester prenatal care in 2013, compared to 83.2% of Non-Medicaid women.

In federal fiscal year (FFY) 2012, the proportion of pregnant women with a prenatal care visit in the first trimester or within 42 days of Medicaid enrollment in Washington (77.0%) was below the median rate among the 31 states reporting this measure (83%) (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2013).

Timely entry into prenatal care is defined as either first trimester entry or entry within 42 days of Medicaid enrollment. This definition attempts to control for factors that might delay entry into prenatal care such as the timing of enrollment into Medicaid and is thus less stringent than measures based on first trimester entry only. For these reasons, the rate of first trimester prenatal care entry for Washington Medicaid women according to this definition, as presented in this report, 77.1%, is higher than the rate for all Medicaid women, 64.1%.

For each measure presented in this report, the data tables for Washington State follow a brief narrative description of the key findings for the measure. Tables 1a and 1b (Timeliness of Prenatal Care) may be found on pages 7 and 8.

Measure Definition: Timeliness of Prenatal Care

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.

Data Collection Method: Birth certificates linked to Medicaid claims and eligibility

- From 2010 to 2013, the rate of first trimester prenatal care entry for Washington Medicaid women fluctuated between 76.6% (2011) and 77.2% (2013). This represents a small increase since 2009, when the rate for all Medicaid women was 74.1%.
- The rate of timely PNC entry for managed care plans overall in 2013 was 77.5%, below the 2012 82.9% nationwide average for Medicaid HMOs (NCQA, 2013). Plans with rates at or above 77.5% included Coordinated Care Corporation and Molina.
- The rate of timely PNC entry was slightly lower for citizen pregnant women in fee-for-service: 74.3% of citizen women in fee-for-service received timely initiation of PNC.
- Since 2009, timely PNC entry increased the most for undocumented women, who began this time period with a rate (70.6%) just below that of citizens in fee-for-service (71.1%) and finished with a rate (78.3%) exceeding that of citizens in Medicaid fee-for-service and that of pregnant women in Medicaid managed care plans. Timely PNC entry increased slightly for women in managed care, and citizens in fee-for-service demonstrated an intermediate increase.
- The highest rate of timely PNC entry occurred among Hispanic women, with a rate of 78.5% in 2013. Before 2013, the rate for white women was consistently higher than that of any other race/ethnic group. In all 5 reported years, Hawaiian/Pacific Islanders and American Indian/Alaska Natives had the lowest rates of receiving timely prenatal care. In 2013, the rate of timely PNC entry was 65.9% for American Indian/Alaska Natives and 56.6% for Hawaiian/Pacific Islanders. The rate for black women (73.5% in 2013) was the third lowest.

Sustaining recent gains in timely PNC entry depends on continued progress in at least three areas (Cawthon, 2008):

- Provider issues such as provider supply, community standards, and practice patterns;
- Client issues such as awareness of pregnancy and need for prenatal care, system knowledge, and health insurance; and
- System issues including Medicaid enrollment process and managed care plan assignment.

Table 1a. Timeliness of Prenatal Care
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Managed Care Plan
Washington Medicaid Women with Births 2009-2013 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery

	2009			2010			2011			2012			2013		
	Wome n (N)	PNC (%)	Timely (N)	Wome n (N)	PNC (%)	Timely (N)	Wome n (N)	PNC (%)	Timely (N)	Wome n (N)	PNC (%)	Timely (N)	Wome n (N)	PNC (%)	Timely (N)
Medicaid Managed Care Plan															
Amerigroup Washington Inc							274	73.0%		1,099	72.7%				
Asuris NW Health Plan	84	85.7%	72	119	87.4%	104	241	86.7%	209	109	89.0%				
Columbia United Providers	1,285	68.9%	885	1,734	71.4%	1,238	2,205	73.5%	1,621	992	72.5%				
Community Health Plan of WA	6,073	77.0%	4,677	7,937	79.5%	6,310	9,114	77.8%	7,088	8,833	77.7%	6,490	5,006	77.1%	
Coordinated Care Corporation							801	78.4%		2,766	79.5%				
Group Health Cooperative	628	77.1%	484	784	78.2%	613	652	80.7%	526	341	75.7%				
Kaiser Foundation Health Plan	16	81.3%	13	15	80.0%	12	32	75.0%	24	31	61.3%				
Molina Healthcare of WA	10,317	76.0%	7,838	12,532	78.2%	9,806	11,631	77.3%	8,990	12,552	78.1%	10,507	8,240	78.4%	
Regence Blue Shield	1,217	81.8%	996	1,378	84.7%	1,167	1,231	79.5%	979	562	80.2%				
UnitedHealthcare Community Plan							604	72.7%		2,160	75.6%				
Native Health PCCM (multiple agencies)				314	231	1	295	71.2%	210	296	67.6%	316	206	65.2%	
Medicaid Managed Care	19,620	76.3%	14,965	24,813	78.5%	19,481	25,401	77.3%	19,647	25,395	77.5%	19,673	23,339	77.5%	18,083
Medicaid Fee for Service (citizens)	6,947	71.1%	4,940	7,203	73.7%	5,312	6,782	75.2%	5,103	6,655	76.2%	5,068	5,114	74.3%	
Medicaid Fee for Service (undocumented)	6,706	70.6%	4,736	6,371	73.8%	4,702	6,190	75.1%	4,651	5,521	77.3%	4,265	4,688	78.3%	
Total Medicaid	33,273	74.1%	24,641	38,387	76.8%	38,387	49,495	76.8%	38,373	49,401	76.6%	37,571	49,006	77.2%	33,141

Excludes records with missing information about when prenatal care began (7.1% in 2013) that also had no prenatal care claims within 42 days of Medicaid enrollment, and women with eligibility for programs using state funds only. **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. **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
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Race/Ethnicity
Washington Medicaid Women with Births 2009-2013 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery

	2009			2010			2011			2012			2013		
	Wome n (N)	PNC (%)	Timely (%)	Wome n (N)	PNC (%)	Timely (%)	Wome n (N)	PNC (%)	Timely (%)	Wome n (N)	PNC (%)	Timely (%)	Wome n (N)	PNC (%)	Timely (%)
Medicaid															
Hispanic	10,873	73.0%	7,940	11,789	75.8%	8,938	11,449	75.9%	8,691	77.2%	8,588	9,841	77.2%	8,588	78.5%
Not Hispanic or Ethnicity Unknown															
White	16,322	76.7%	19,074	15,118	79.3%	19,112	15,049	78.7%	18,871	79.1%	14,927	16,418	79.1%	12,819	78.1%
Asian	1,446	72.2%	1,776	1,336	75.2%	1,869	1,405	75.2%	1,878	77.6%	1,458	1,557	77.6%	1,215	78.0%
Black	1,699	68.9%	2,034	1,518	74.6%	2,125	1,567	73.7%	2,279	73.0%	1,664	2,080	73.0%	1,529	73.5%
American Indian/Alaska Native	863	65.8%	946	661	69.9%	947	647	68.3%	884	67.1%	884	815	67.1%	537	65.9%
Hawaiian/Pacific Islander	488	51.2%	583	313	53.7%	584	350	59.9%	655	57.7%	378	557	57.7%	315	56.6%
More Than One Race	1,256	72.7%	1,619	1,202	74.2%	1,658	1,260	76.0%	1,513	75.0%	1,135	1,516	75.0%	1,138	75.1%
Other/Unknown	326	70.6%	566	409	72.3%	629	432	68.7%	629	71.3%	369	357	71.3%	273	76.5%
Total Medicaid	33,273	74.1%	24,641	38,387	76.8%	29,495	38,373	76.6%	29,401	77.2%	29,006	33,141	77.2%	25,555	77.1%

Excludes records with missing information about when prenatal care began (7.1% in 2013) that also had no prenatal care claims within 42 days of Medicaid enrollment, and women with eligibility for programs using state funds only.

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 start 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.

2 Frequency of Ongoing Prenatal Care

Not only should a pregnant woman begin prenatal care during her first trimester, she also needs an appropriate number of visits throughout her pregnancy and the postpartum period. As pregnancy progresses, obstetric providers monitor for new onset or worsening diabetes, hypertension, and other potential complications. Early, comprehensive, and continuous prenatal care can promote healthier pregnancies and reduce the risk of costly adverse birth outcomes (NCQA, 2013).

The *Healthy People 2020* goal is to increase the proportion of pregnant women who receive early and adequate prenatal care (PNC) to 77.6%. In 2012, the NCQA reported that nationwide 60.4% of pregnant women in Medicaid HMOs who met enrollment criteria received at least 81% of the expected number of PNC visits (adjusted for gestational age and entry into prenatal care). In Washington State (2013), 61.9% of Medicaid women received at least 81% of the expected number of visits; this rate is just above the national average reported by the NCQA (60.4% in 2012).

Measure Definition: Frequency of Ongoing Prenatal Care

The percentage of deliveries that received $\geq 81\%$ of expected visits, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery

Data Collection Method: Birth certificates linked to Medicaid claims and eligibility

- Since 2009, the proportion of Medicaid women who received at least 81% of expected visits has steadily increased, from a low of 54.6% in 2009 to 61.9% in 2013.
- Since 2010, Medicaid women in managed care consistently had the lowest proportion (60.8% in 2013) of at least 81% of expected visits. Undocumented women demonstrated the greatest improvement in frequency of ongoing prenatal care; the proportion with at least 81% of expected visits increased from a low of 51.4% in 2009 to 65.0% in 2013, and their ranking improved from lowest (2009-2010) to highest (2013), among these three groups of Medicaid women. Medicaid citizens in fee-for-service had the highest proportion of at least 81% of expected visits from 2009 to 2012.
- In 2013, the proportion of clients with at least 81% of expected visits varied across Medicaid managed care plans, with Amerigroup having the highest proportion and Native Health PCCM having the lowest proportion. Two health plans demonstrated consistent improvement in the frequency of ongoing prenatal care: the proportion of women in CHP with at least 81% of expected visits increased from 50.9% in 2009 to 60.2% in 2013, and the rate for women in Molina increased from 53.4% in 2009 to 59.2% in 2013. (Molina and Community Health Plan serve the largest numbers of Medicaid managed care clients and have participated in the Medicaid managed care program during the entire period presented here.)

- The highest rates of frequent PNC occurred among Asian women, with a rate of 64.7% in 2013. During the 5 reported years, Hispanic and Asian women demonstrated the greatest improvement in frequency of ongoing prenatal care. The lowest rates of frequent PNC occurred among Hawaiian/Pacific Islanders (49.9%) and American Indian/Alaska Natives (49.5%) in 2013.

Both timeliness and frequency of prenatal care are related to the capacity of the maternity care system to meet the demand for obstetric care. The total number of births in Washington increased over 12% from about 80,000 in the early 2000s to over 90,000 in 2008. Since 2008, the number of births has declined 4% to 86,929 in 2011 (DOH Perinatal Indicators Report, 2013). As demand on the maternity care system relaxed with declining numbers of births, measures of PNC access have improved. The rate of timely prenatal care entry among Medicaid women increased from 74.1% in 2009 to 77.1% in 2013, and the proportion of Medicaid women who received at least 81% of expected visits steadily increased, from a low of 54.6% in 2009 to 61.9% in 2013.

**Table 2a. Frequency of Ongoing Prenatal Care
Washington Medicaid Women with Births 2009-2013 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
Women with >=81% of Expected Prenatal Visits by Managed Care Plan**

	2009		2010		2011		2012		2013 (Preliminary)	
	Wome n (N)	>=81% (%)	Wome n (N)	>=81% (%)	Wome n (N)	>=81% (%)	Wome n (N)	>=81% (%)	Wome n (N)	>=81% (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	78	59 75.6%	117	89 76.1%	239	148 61.9%	108	76 70.4%	1081	715 66.1%
Asuris NW Health Plan	1,293	701 54.2%	1,741	1,027 59.0%	2,211	1,269 57.4%	986	613 62.2%		
Columbia United Providers	5,938	3,023 50.9%	7,721	4,425 57.3%	8,914	5,318 59.7%	8,679	5,302 61.1%	6,433	3,872 60.2%
Community Health Plan of WA										
Coordinated Care Corporation	612	341 55.7%	770	432 56.1%	660	349 52.9%	345	181 52.5%	758	477 62.9%
Group Health Cooperative	16	8 50.0%	14	9 64.3%	32	20 62.5%	30	17 56.7%		
Kaiser Foundation Health Plan	10,083	5,385 53.4%	12,310	7,102 57.7%	11,530	6,756 58.6%	12,469	7,388 59.3%	10,440	6,184 59.2%
Molina Healthcare of WA	1,169	683 58.4%	1,269	800 63.0%	1,140	688 60.4%	523	307 58.7%		
Regence Blue Shield										
UnitedHealthcare Community Plan										
Native Health PCCM (multiple agencies)			308	173 56.2%	297	157 52.9%	297	161 54.2%	318	162 50.9%
Medicaid Managed Care	19,189	10,200 53.2%	24,250	14,057 58.0%	25,023	14,705 58.8%	25,053	15,064 60.1%	23,084	14,031 60.8%
Medicaid Fee for Service (citizens)	6,876	4,222 61.4%	7,124	4,537 63.7%	6,721	4,304 64.0%	6,624	4,300 64.9%	5,107	3,293 64.5%
Medicaid Fee for Service (undocumented)	6,513	3,350 51.4%	6,197	3,593 58.0%	5,983	3,757 62.8%	5,343	3,419 64.0%	4,563	2,964 65.0%
Total Medicaid	32,578	17,772 54.6%	37,571 22,187 59.1%	37,571 22,187 59.1%	37,727 22,766 60.3%	37,727 22,766 60.3%	37,020 22,783 61.5%	37,020 22,783 61.5%	32,754 20,288 61.9%	32,754 20,288 61.9%

Excludes records with missing birth certificate information for number of prenatal visits (7.7% of eligible women in 2013). **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.

**Table 2b. Frequency of Ongoing Prenatal Care
Washington Medicaid Women with Births 2009-2013 Continuously Enrolled 43 Days Pre- through 56 Days Post-Delivery
Women with >=81% of Expected Prenatal Visits by Race/Ethnicity**

	2009			2010			2011			2012			2013 (Preliminary)		
	Wome n (N)	Timely PNC (%)	(N)	Wome n (N)	Timely PNC (%)	(N)	Wome n (N)	Timely PNC (%)	(N)	Wome n (N)	Timely PNC (%)	(N)	Wome n (N)	Timely PNC (%)	(N)
Medicaid	10,591	51.2%	5,427	11,432	56.9%	6,507	11,125	60.0%	6,674	10,778	61.7%	6,654	9,595	63.2%	6,061
Hispanic	16,033	58.0%	9,298	18,728	61.7%	11,561	18,856	62.1%	11,707	18,739	63.2%	11,836	16,316	62.8%	10,246
Not Hispanic or Ethnicity Unknown	1,405	54.3%	763	1,724	59.7%	1,029	1,811	60.6%	1,097	1,843	61.8%	1,139	1,537	64.7%	994
White	1,641	50.3%	826	2,019	56.1%	1,132	2,125	58.1%	1,235	2,271	58.9%	1,337	2,065	58.0%	1,197
Asian	855	48.8%	417	931	53.2%	495	953	52.4%	499	880	51.8%	456	818	49.5%	405
Black	492	41.9%	206	583	44.6%	260	581	49.4%	287	649	47.0%	305	555	49.9%	277
American Indian/Alaska Native	1,239	55.2%	684	1,606	56.7%	910	1,663	58.0%	964	1,508	57.4%	866	1,515	60.2%	912
Hawaiian/Pacific Islander	322	46.9%	151	548	53.5%	293	613	49.4%	303	352	54.0%	190	353	55.5%	196
More Than One Race															
Other/Unknown															
Total Medicaid	32,578	54.6%	17,772	37,571	59.1%	22,187	37,727	60.3%	22,766	37,020	61.5%	22,783	32,754	61.9%	20,288

Excludes records with missing birth certificate information for number of prenatal visits (7.7% of eligible women in 2013). **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.

3 Low Birth Weight

Birth weight is a primary indicator of the health of the newborn infant. Infants with a birth weight of less than 2500 grams (5.5 pounds) are classified as low birth weight. Low birth weight is associated with increased risk of infant death and a wide range of disorders including neuro-developmental conditions, learning disorders, and respiratory tract infections. Low birth weight, especially very low birth weight, is also a key driver of medical care expenditures during the first year of life. Established risk factors for low birth weight include poverty, smoking, medical risks, pregnancy complications, substance abuse, and African American race.

The *Healthy People 2020* (HP 2020) goal for low birth weight is 7.8%. Washington State has exceeded the HP 2020 goal, with an overall rate of low birth weight of 6.4% in 2013. In 2012 (the most recent year with rates from 50 states and District of Columbia), Washington had the second lowest rate of low birth weight among the 50 states and District of Columbia (Martin et al, 2013).

Results Washington's Goal 4: Healthy and Safe Communities includes a measure for low birth weight for Blacks and American Indian/Alaska Natives: decrease the percentage of infants born with low birth weight among Blacks from 9.6% to 9.3% by 2012 and American Indian/Alaska Native populations from 8.7% to 8.5% in 2016. Although the low birth weight rate for American Indian/Alaska Native populations in Washington has decreased to 7.9% in 2013 (7.7% for Non-Medicaid and 7.9% for Medicaid), the low birth weight rate for Blacks increased to 10.6% in 2013 (10.6% for both Medicaid and Non-Medicaid).

Measure Definition: Low Birth Weight

Percentage of live births that weighed less than 2,500 grams (5.5 pounds)

Data Collection Method: Birth Certificates (linked to Medicaid claims and eligibility)

- Over the past five years, the low birth weight rate for infants born to mothers on Medicaid has been consistently higher than that for infants born to Non-Medicaid women: 6.9% versus 5.9% in 2013. Among women with Medicaid-funded maternity care, the lowest rate of low birth weight (5.7% in 2013) occurs among infants born to undocumented women. Their low birth weight rate (5.7% in 2013) is lower even than that for infants born to Non-Medicaid women (5.9% in 2013).
- Low birth weight rates for infants born to women in Medicaid managed care (7.0% in 2013) and in fee-for-service (citizens) (7.1%) were comparable, and higher than the rates for infants born to undocumented women and to Non-Medicaid women.
- The highest low birth weight rates occurred among infants born to African American women (10.6% for those on Medicaid, and those Non-Medicaid in 2013) and those born to Asian women (8.5% for those on Medicaid, and 8.1% for Non-Medicaid in 2013). Infants born to women with Other or Unknown race/ethnicity also demonstrated high rates of low birth weight (9.8% for Medicaid and 7.4% for Non-Medicaid).

Although risk factors associated with low birth weight, such as poverty, smoking, and substance abuse, have been identified, the ethnic group differences in low birth weight are not wholly explained by ethnic differences in the occurrence of various medical conditions, in smoking or use of other licit or illicit drugs, or in use of prenatal care, or by other demographic characteristics or lifestyle differences. Among African Americans, the increased rate of low birth weight persists, even after controlling for these risk factors (Collins & David, 2009). Yet, in 2012, Washington demonstrated the fifth lowest rate of low birth weight for African Americans among the 47 states with reported rates for African Americans (Martin et al, 2013).

Ongoing program activities support the health of pregnant women to ensure healthy birth outcomes:

- Assure access to prenatal care early in pregnancy by prompt enrollment in Medicaid/managed care and adequate provider networks;
- Continue Maternity Support Services (MSS) targeted to the women at highest risk of poor birth outcomes;
- Offer tobacco cessation services through MSS;
- Improve identification and treatment of pregnant substance abusers: enroll pregnant women who need chemical dependency treatment as early as possible in treatment and comprehensive services.

**Table 3a. Low Birth Weight
Low Birth Weight (<2500 g) by Managed Care Plan
Live Births 2009-2013**

	2009			2010			2011			2012			2013		
	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	
Medicaid Managed Care Plan															
Amerigroup Washington Inc	101	9	8.9%	133	8	6.0%	262	15	5.7%	126	6	4.8%	126	8.6%	
Asuris NW Health Plan	1,615	112	6.9%	1,799	120	6.7%	2,330	153	6.6%	1,042	52	5.0%			
Columbia United Providers	7,548	526	7.0%	8,601	612	7.1%	9,923	714	7.2%	9,573	664	6.9%	7,644	6.6%	
Community Health Plan of WA															
Coordinated Care Corporation															
Group Health Cooperative	781	62	7.9%	828	55	6.6%	702	35	5.0%	365	27	7.4%	283	7.9%	
Kaiser Foundation Health Plan	24	2	8.3%	16	0	0.0%	35	3	8.6%	31	2	6.5%			
Molina Healthcare of WA	13,066	925	7.1%	13,511	932	6.9%	12,642	872	6.9%	13,666	860	6.3%	12,442	8.24	
Regence Blue Shield	1,470	96	6.5%	1,531	86	5.6%	1,400	113	8.1%	663	55	8.3%		6.6%	
UnitedHealthcare Community Plan															
Native Health PCCM (multiple agencies)															
				352	22	6.3%	338	36	10.7%	344	19	5.5%	401	38	
Medicaid Managed Care	24,605	1,732	7.0%	26,771	1,835	6.9%	27,632	1,941	7.0%	27,690	1,863	6.7%	28,289	1,993	
Medicaid Fee for Service (citizens)	9,861	718	7.3%	9,245	709	7.7%	8,543	609	7.1%	8,372	597	7.1%	7,495	532	
Medicaid Fee for Service (undocumented)	8,475	461	5.4%	7,106	398	5.6%	6,890	357	5.2%	6,193	355	5.7%	5,857	335	
Total Medicaid	42,941	2,911	6.8%	43,122	2,942	6.8%	43,065	2,907	6.8%	42,255	2,815	6.7%	41,641	2,860	
Total Non-Medicaid	45,652	2,610	5.7%	42,780	2,454	5.7%	43,077	2,375	5.5%	44,376	2,475	5.6%	43,890	2,595	
State Total	88,597	5,521	6.2%	85,944	5,397	6.3%	86,387	5,298	6.1%	86,872	5,301	6.1%	85,721	5,464	

Excludes records with missing or invalid birth weight information. Medicaid figures exclude women with eligibility for programs using state funds only. **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. **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
Low Birth Weight (<2500 g) by Maternal Race/Ethnicity
Live Births 2009-2013**

	2009		2010		2011		2012		2013	
	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)	Live Births (N)	LBW (%)
Medicaid										
Hispanic	13,737	8.26	13,321	8.34	12,754	8.16	12,481	8.05	12,263	7.59
Not Hispanic or Ethnicity Unknown										
White	21,003	1.370	21,173	1.393	21,295	1.326	21,127	1.287	20,409	1.330
Asian	1,954	15.1	2,034	16.1	2,138	17.2	2,089	16.1	2,039	17.3
Black	2,291	26.6	2,366	24.1	2,479	24.8	2,592	25.3	2,710	28.8
American Indian/Alaska Native	1,138	8.5	1,091	8.3	1,128	10.3	1,028	7.7	1,033	8.2
Hawaiian/Pacific Islander	670	4.8	673	3.7	676	3.7	769	5.5	777	5.3
More Than One Race	1,674	12.9	1,814	14.0	1,850	13.6	1,718	14.0	1,902	12.5
Other/Unknown	474	3.6	650	5.3	745	6.9	451	3.7	508	5.0
Total Medicaid	42,941	2,911	43,122	2,942	43,065	2,907	42,255	2,815	41,641	2,860
Non-Medicaid										
Hispanic	3,368	18.3	2,796	19.2	2,937	16.3	3,009	17.8	3,083	18.5
Not Hispanic or Ethnicity Unknown										
White	33,775	1.812	31,982	1.697	31,865	1.607	32,367	1.657	32,031	1.703
Asian	5,253	38.8	5,098	34.1	5,283	38.7	5,879	41.7	5,587	45.3
Black	1,034	8.4	879	7.9	929	7.9	1,068	9.6	1,007	10.7
American Indian/Alaska Native	330	2.1	291	1.9	269	2.0	265	1.2	259	2.0
Hawaiian/Pacific Islander	282	2.1	201	1.6	232	1.4	255	1.8	254	1.5
More Than One Race	1,303	8.6	1,219	8.6	1,224	7.7	1,271	8.0	1,387	9.1
Other/Unknown	307	1.5	314	2.4	338	2.8	262	1.7	282	2.1
Total Non-Medicaid	45,652	2,610	42,780	2,454	43,077	2,375	44,376	2,475	43,890	2,595
State Total	88,597	5,521	85,944	5,397	86,387	5,298	86,872	5,301	85,721	5,464

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

4 Cesarean Delivery (NTSV)

Cesarean delivery is now the most common operation in the United States, with rates increasing dramatically since 1970. While Cesarean delivery may be life-saving for mothers and their newborns in certain emergencies, overall the rise in C-section rates in the past forty years has not led to significant improvements in neonatal morbidity or maternal health (Blanchette, 2011).

Rising Cesarean delivery rates in the U.S. are the result of changes in the practice environment, including the widespread use of electronic fetal monitoring, the decrease in both vaginal breech deliveries and operative vaginal deliveries, and reduced availability of vaginal birth after Cesarean (VBAC) (ACOG, 2010). Other studies have attributed much of the increase in Cesarean deliveries over the past twenty years to an increase in elective inductions (Caughey, 2009; Martin, 2006).

ResultsWashington's Goal 4: Healthy and Safe Communities includes a measure that addresses rates of Cesarean delivery in Washington. The measure definition for the ResultsWashington measure, Primary Term Single Vertex (TSV) Cesarean deliveries, is different from the measure presented here, which is based on CMS core measures. The CMS Cesarean delivery measure calculates Cesarean births among low risk (full term, singleton, vertex presentation) women giving birth for the first time.

Washington women with Medicaid-financed maternity care had a Cesarean delivery (NTSV) rate of 22.4% in 2013. The 2013 rate represents a slight decrease from prior years: from 2009 to 2012, the NTSV C-section rate for Washington Medicaid women fluctuated from 22.7% (2009) to 22.8% (2012). NTSV C-section rates for Non-Medicaid women followed a similar pattern, with a relatively larger decrease in 2013 to 24.5%. One reason for higher C-section rates among Non-Medicaid women is their age: the average age for Non-Medicaid women giving birth for the first time in 2012 was 29.3 years, the average age for Medicaid women was 23.1.

Measure Definition: Cesarean Delivery (NTSV)

Percentage of women that had a cesarean delivery among women with first live singleton births at 37 weeks gestation or later, also known as **Nulliparous, Term, Singleton, Vertex** (NTSV)

Data Collection Method: Birth Certificates (linked to Medicaid claims and eligibility)

- Of the five managed care plans with more than 200 deliveries in 2013, Molina and Regence had the lowest NTSV C-section rates (21.8%), while Amerigroup had the highest rate, 23.3%.
- Overall, in 2013, Medicaid women in managed care plans (22.3%) and in fee-for-service program (22.1%) had a similar C-section rate. Undocumented Medicaid pregnant women in fee-for-service program had a higher C-section rate (23.8%).

- The highest C-section rates occurred among Non-Medicaid Black and Asian women, with rates of 33.9% and 32.4%, respectively. While the rate for Asian Medicaid women was much lower (27.7%), the rate for black Medicaid women remained high (31.2%).

The HCA has published a toolkit for reducing Cesarean delivery, available at <http://www.hca.wa.gov/medicaid/ebm/Pages/oboutcomes.aspx>. The Toolkit aims to make maternal and infant care more evidence-based, transparent, consistent, and measured to reduce variation in care across Washington State (Improving Maternal & Neonatal Outcomes: Toolkit for Reducing Cesarean Deliveries, 2013).

The Washington State Perinatal Advisory Committee, the Department of Health, the Department of Social and Health Services, the Health Care Authority, and the Robert Bree Collaborative are monitoring obstetric outcomes. Hospital-level reports of NTSV C-section rates have been distributed to hospitals with obstetric services across the state, and hospital-level reports have been posted on the HCA website since 2011. These feedback reports provided a foundation for current efforts to optimize C-section rates in Washington State. The Washington State Perinatal Collaborative (<http://www.waperinatal.org/>), Washington State Hospital Association (<http://www.wsha.org/>), and the HCA are focusing their efforts in 2014 on reducing unsupported variation in the primary C-section rate through the Safe Deliveries Roadmap (please see <http://www.wsha.org/0513.cfm> for more information about the Safe Deliveries Roadmap).

**Table 4a. Cesarean Delivery Rate (NTSV)
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Managed Care Plan 2009-2013**

	2009		2010		2011		2012		2013	
	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 (%)
Medicaid Managed Care Plan										
Amerigroup Washington Inc	34	8 23.5%	58	12 20.7%	133	22 16.5%	53	8 15.1%	176	23.3%
Asuris NW Health Plan	498	115 23.1%	544	136 25.0%	663	154 23.2%	289	64 22.1%		
Columbia United Providers	2,724	612 22.5%	3,073	705 22.9%	3,730	805 21.6%	3,327	750 22.5%	2,002	460 23.0%
Community Health Plan of WA										
Coordinated Care Corporation										
Group Health Cooperative	272	51 18.8%	279	53 19.0%	210	46 21.9%	80	16 20.0%		
Kaiser Foundation Health Plan	5	0 0.0%			12	5 41.7%	10	2 20.0%		
Molina Healthcare of WA	4,221	995 23.6%	4,284	963 22.5%	3,925	792 20.2%	4,016	949 23.6%	2,951	644 21.8%
Regence Blue Shield	460	81 17.6%	461	82 17.8%	433	91 21.0%	214	54 25.2%		
UnitedHealthcare Community Plan										
Native Health PCCM (multiple agencies)			116	24 20.7%	106	16 15.1%	104	21 20.2%	114	23 20.2%
Medicaid Managed Care	8,214	1,862 22.7%	8,815	1,975 22.4%	9,212	1,931 21.0%	8,822	2,030 23.0%	8,733	1,950 22.3%
Medicaid Fee for Service (citizens)	3,096	721 23.3%	2,855	692 24.2%	2,560	583 22.8%	2,690	599 22.3%	2,368	524 22.1%
Medicaid Fee for Service (undocumented)	2,008	446 22.2%	1,450	311 21.4%	1,293	320 24.7%	1,102	249 22.6%	980	233 23.8%
Total Medicaid	13,318	3,029 22.7%	13,120	2,978 22.7%	13,065	2,834 21.7%	12,614	2,878 22.8%	12,081	2,707 22.4%
Total Non-Medicaid	16,111	4,388 27.2%	15,332	4,264 27.8%	15,771	4,216 26.7%	16,251	4,168 25.6%	16,129	3,954 24.5%
State Total	29,432	7,417 25.2%	28,481	7,250 25.5%	28,995	7,078 24.4%	29,019	7,069 24.4%	28,334	6,678 23.6%

Excludes women with eligibility for programs using state funds only, 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 figures exclude women with eligibility for programs using state funds only. **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. **Medicaid Fee for Service (citizens)** includes citizens and legal residents. **C-Sec** = C-Section. **NTSV**=nulliparous, term, single, vertex. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

**Measure 4b. Cesarean Delivery Rate (NTSV)
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity**

	2009		2010		2011		2012		2013	
	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 (%)
Medicaid										
Hispanic	3,629	748 20.6%	3,423	676 19.7%	3,133	634 20.2%	3,147	639 20.3%	3,017	625 20.7%
Not Hispanic or Ethnicity Unknown										
White	7,073	1,605 22.7%	6,984	1,579 22.6%	7,093	1,480 20.9%	6,909	1,540 22.3%	6,397	1,383 21.6%
Asian	686	175 25.5%	730	192 26.3%	736	197 26.8%	702	187 26.6%	664	184 27.7%
Black	672	195 29.0%	700	203 29.0%	755	234 31.0%	693	220 31.7%	744	232 31.2%
American Indian/Alaska Native	324	63 19.4%	284	61 21.5%	273	48 17.6%	249	59 23.7%	243	45 18.5%
Hawaiian/Pacific Islander	171	47 27.5%	183	51 27.9%	180	47 26.1%	194	57 29.4%	206	57 27.7%
More Than One Race	620	157 25.3%	657	173 26.3%	683	128 18.7%	619	151 24.4%	675	140 20.7%
Other/Unknown	143	39 27.3%	159	43 27.0%	212	66 31.1%	101	25 24.8%	135	41 30.4%
Total Medicaid	13,318	3,029 22.7%	13,120	2,978 22.7%	13,065	2,834 21.7%	12,614	2,878 22.8%	12,081	2,707 22.4%
Non-Medicaid										
Hispanic	1,034	273 26.4%	907	252 27.8%	1,045	278 26.6%	1,033	299 28.9%	1,070	281 26.3%
Not Hispanic or Ethnicity Unknown										
White	11,856	3,095 26.1%	11,295	2,947 26.1%	11,478	2,886 25.1%	11,618	2,765 23.8%	11,592	2,618 22.6%
Asian	2,108	699 33.2%	2,172	765 35.2%	2,180	743 34.1%	2,505	790 31.5%	2,331	756 32.4%
Black	356	114 32.0%	282	100 35.5%	335	111 33.1%	356	105 29.5%	348	118 33.9%
American Indian/Alaska Native	91	28 30.8%	80	25 31.3%	91	26 28.6%	81	14 17.3%	71	16 22.5%
Hawaiian/Pacific Islander	88	23 26.1%	54	17 31.5%	62	15 24.2%	64	17 26.6%	62	15 24.2%
More Than One Race	485	128 26.4%	434	121 27.9%	461	127 27.5%	504	146 29.0%	554	124 22.4%
Other/Unknown	93	28 30.1%	108	37 34.3%	119	30 25.2%	90	32 35.6%	101	26 25.7%
Total Non_Medicaid	16,111	4,388 27.2%	15,332	4,264 27.8%	15,771	4,216 26.7%	16,251	4,168 25.6%	16,129	3,954 24.5%
State Total	29,432	7,417 25.2%	28,481	7,250 25.5%	28,995	7,078 24.4%	29,019	7,069 24.4%	28,334	6,678 23.6%

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

5 Childhood Immunization Status

Widespread administration of immunizations during early childhood has resulted in dramatic declines in vaccine-preventable diseases in the U.S., when compared with the pre-vaccine era. Immunizing one child not only protects the individual child's health but also the health of the community. Childhood immunizations are one of the most cost-effective prevention strategies in use today, and the success of immunization protocols for specific diseases is reflected in the expanding number of vaccine-preventable diseases for which immunizations are available. Immunization recommendations in the U.S. currently target 17 vaccine-preventable diseases across the lifespan. Universally recommended vaccines for young children target 15 diseases.

Healthy People 2020 has established goals for vaccination coverage of two-year-old children (19 to 35 months of age) at 90% for established vaccines and progressive increases to 90% coverage for vaccines within the first five years of a newly recommended vaccine. Immunizations for Hepatitis A, Rotavirus, and Influenza were reported to the NCQA for the first time in 2010.

In both HEDIS (Healthcare Effectiveness Data and Information Set) and CHIPRA (Children's Health Insurance Program Reauthorization Act), this measure is reported as 10 separate immunization rates and 9 combination rates. The most common combination rate reported by states is "Combination 3," which includes all of the vaccines except Hepatitis A, Rotavirus, and influenza. The CHIPRA median immunization rate (Combination 3) for children turning 2 was 68% for 31 states using Core Set Specifications to report the measure for FFY 2012 (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2013), compared to 72.1% (Combination 3) reported by the NCQA for Medicaid HMOs (NCQA, 2013).

Results Washington's Goal 4: Healthy and Safe Communities includes a measure for recommended immunizations for children 19 to 35 months old: increase the proportion of children (19 to 35 months of age) receiving all recommended vaccinations from 65.2% in 2012 to 72.9% in 2016.

Measure Definition: Childhood Immunization Status

Percentage of children that turned 2 years of age during the measurement year and had specific vaccines by their second birthday

Data Collection Method: Administrative data linked to immunization registry data (Child Profile)

- The *Healthy People 2020* targets for children aged 19–35 months are 90%, except for Rotavirus (RV) vaccine (80%) and ≥ 2 doses of Hepatitis A (HepA) (85%) (Available at <http://healthypeople.gov/2020/topics/objectives/2020/objectiveslist.aspx?topicid=23>). Medicaid-enrolled children in Washington State who turned 2 years old in 2013 fell short of *Healthy People 2020* targets of 90% vaccine coverage. For five vaccines, the Washington rate for Medicaid children was between 80 and 90%: Polio (IPV), Measles, Mumps, and Rubella (MMR), Hemophilus influenzae Type B (HiB), Hepatitis B (Hep B), and Varicella zoster (VZV). For two vaccines, the Washington rate for Medicaid children was between 70 and 80%: Diphtheria,

tetanus, and pertussis (DTaP) with a rate of 74.0% and pneumococcal conjugate (PCV) with a rate of 75.2%. The vaccination rates for two vaccines with less than 90% target did not meet *Healthy People 2020* goal: Rotavirus (RV) with a rate of 63.8% and Hepatitis A (HepA) with a rate of 79.1%. Children had to have received the full number of doses in order to meet multiple dose targets; some children not meeting the criteria may have had some, but not all, doses.

- Vaccines with more recent recommendations—Rotavirus (RV) and Influenza—showed lower rates: 63.8%, and 55.3% respectively. For RV and Influenza, the NCQA reported rates were 66.0% and 49.5%, respectively for Medicaid HMOs.
- Overall for Combination 3 (DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV), the rate for Medicaid children was 64.2% in 2013. This rate was somewhat lower than the rates reported by the NCQA (72.1% for 2012) and for the 31 states that reported on the CHIPRA core measure set (68%).
- The highest immunization rates for Washington Medicaid-enrolled children occurred among children whose mothers were undocumented women at the time of their babies' birth, with a rate of 82.1% on Combination 3. The lowest rates occurred among Medicaid children enrolled in fee-for-service, with a rate of 56.9% on Combination 3. The rate for Medicaid children enrolled in managed care (64.7% on Combo 3) was intermediate.
- There were wide variations across different Medicaid managed care plans. For Combination 3, only CHP demonstrated rates above 70% (70.3%). The rates for all other managed care plans were between 30 and 70%.
- CHP exceeded other managed care plans in all 10 individual vaccination rates. For IPV and HiB, rates for children enrolled in CHP exceeded 90%. The vaccination rates for MMR and Hep B were 89.0% and 89.4%, respectively. For DTaP, the highest rate was for children enrolled in CHP (78.5%), while the lowest rate was for children enrolled in UHC (43.9%). For PCV, the highest rate was for children enrolled in CHP (79.0%), while the lowest rate was for children enrolled in UHC (41.7%). The lowest immunization rates across all vaccines typically occurred among UHC and Amerigroup enrollees.
- Asian children demonstrated the highest immunization rates for 7 out of 10 individual vaccines. Children of Hispanic ethnicity had the highest immunization rates for 3 of 10 individual vaccines (IPV, HiB, and Hep B). For Combination 3, the rate for Asian children was 76.4%, and for Hispanic children, 75.0%. The Combination 3 rates were the lowest for white children (56.8%) and children of Other/Unknown race/ethnicity (49.6%).

**Table 5a. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	Four DTap		Three IPV		One MMR		Three Hib		Three Hep B		One VZV		Four PCV	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	79	39	49.4%	53	67.1%	59	74.7%	52	65.8%	50	63.3%	58	73.4%	33	41.8%
Community Health Plan of WA	12856	10,090	78.5%	11,603	90.3%	11,437	89.0%	11,667	90.8%	11,489	89.4%	11,318	88.0%	10,162	79.0%
Coordinated Care Corporation	170	92	54.1%	110	64.7%	126	74.1%	109	64.1%	109	64.1%	126	74.1%	88	51.8%
Molina Healthcare of WA	18465	13,473	73.0%	16,014	86.7%	15,915	86.2%	16,344	88.5%	15,496	83.9%	15,674	84.9%	13,833	74.9%
UnitedHealthcare Community Plan	139	61	43.9%	77	55.4%	97	69.8%	75	54.0%	72	51.8%	98	70.5%	58	41.7%
Native Health PCCM (multiple agencies)	358	253	70.7%	309	86.3%	305	85.2%	317	88.5%	311	86.9%	301	84.1%	239	66.8%
Medicaid Managed Care	35,292	26,240	74.4%	30,904	87.6%	30,631	86.8%	31,342	88.8%	30,178	85.5%	30,254	85.7%	26,706	75.7%
Medicaid Fee for Service	2,585	1,778	68.8%	2,120	82.0%	2,132	82.5%	2,184	84.5%	2,007	77.6%	2,092	80.9%	1,790	69.2%
Mother Undocumented at Delivery	5,759	5,031	87.4%	5,592	97.1%	5,544	96.3%	5,626	97.7%	5,542	96.2%	5,546	96.3%	5,150	89.4%
Total	37,877	28,018	74.0%	33,024	87.2%	32,763	86.5%	33,526	88.5%	32,185	85.0%	32,346	85.4%	28,496	75.2%

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. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+Hib+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

**Table 5b. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday
By Race/Ethnicity**

	Four DTap		Three IPV		One MMR		Three HiB		Three Hep B		One VZV		Four PCV	
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Hispanic	12,765	10,467	11,957	93.7%	11,866	93.0%	12,074	94.6%	11,786	92.3%	11,824	92.6%	10,680	83.7%
Not Hispanic or Ethnicity Unknown	17,079	11,693	14,019	82.1%	13,961	81.7%	14,340	84.0%	13,458	78.8%	13,590	79.6%	11,889	69.6%
White	1,345	1,132	1,259	93.6%	1,265	94.1%	1,257	93.5%	1,235	91.8%	1,260	93.7%	1,138	84.6%
Asian	2,142	1,617	1,944	90.8%	1,825	85.2%	1,953	91.2%	1,928	90.0%	1,880	87.8%	1,637	76.4%
Black	778	543	690	88.7%	664	85.3%	693	89.1%	680	87.4%	659	84.7%	542	69.7%
American Indian/Alaska Native	665	448	563	84.7%	570	85.7%	576	86.6%	571	85.9%	573	86.2%	474	71.3%
Hawaiian/Pacific Islander	2,518	1,764	2,157	85.7%	2,141	85.0%	2,191	87.0%	2,108	83.7%	2,093	83.1%	1,785	70.9%
More Than One Race	585	354	435	74.4%	471	80.5%	442	75.6%	419	71.6%	467	79.8%	351	60.0%
Other/Unknown	37,877	28,018	33,024	87.2%	32,763	86.5%	33,526	88.5%	32,185	85.0%	32,346	85.4%	28,496	75.2%

Excludes children with eligibility for programs using state funds only or with contraindications for immunization. **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. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV. **Combination 3** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV. **Combination 4** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A. **Combination 5** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Flu. **Combination 6** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Flu. **Combination 7** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Flu. **Combination 9** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = Dtap+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

**Table 5c. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	One Hep A		Two/Three RV		Two Influenza		Combination 2		Combination 3		Combination 4		Combination 5	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	79	52	65.8%	25	31.6%	23	29.1%	34	43.0%	28	35.4%	27	34.2%	16	20.3%
Community Health Plan of WA	12856	10,772	83.8%	8,605	66.9%	7,296	56.8%	9,479	73.7%	9,036	70.3%	8,737	68.0%	7,367	57.3%
Coordinated Care Corporation	170	117	68.8%	66	38.8%	68	40.0%	83	48.8%	74	43.5%	72	42.4%	50	29.4%
Molina Healthcare of WA	18465	14,300	77.4%	11,758	63.7%	10,171	55.1%	12,129	65.7%	11,574	62.7%	10,812	58.6%	9,291	50.3%
UnitedHealthcare Community Plan	139	91	65.5%	47	33.8%	48	34.5%	51	36.7%	44	31.7%	43	30.9%	33	23.7%
Native Health PCCM (multiple agencies)	358	285	79.6%	189	52.8%	185	51.7%	234	65.4%	211	58.9%	204	57.0%	139	38.8%
Medicaid Managed Care	35,292	28,090	79.6%	22,729	64.4%	19,561	55.4%	24,001	68.0%	22,849	64.7%	21,650	61.3%	18,452	52.3%
Medicaid Fee for Service	2,585	1,880	72.7%	1,440	55.7%	1,386	53.6%	1,555	60.2%	1,471	56.9%	1,324	51.2%	1,086	42.0%
Mother Undocumented at Delivery	5,759	5,349	92.9%	4,562	79.2%	4,139	71.9%	4,868	84.5%	4,727	82.1%	4,632	80.4%	4,059	70.5%
Total	37,877	29,970	79.1%	24,169	63.8%	20,947	55.3%	25,556	67.5%	24,320	64.2%	22,974	60.7%	19,538	51.6%

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. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+HiB+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+HiB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

**Table 5d. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday
By Race/Ethnicity**

TOTAL ELIGIBLE CHILDREN	One Hep A		Two/Three RV		Two Influenza		Combination 2		Combination 3		Combination 4		Combination 5		
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	
Hispanic	12,765	88.3%	9,266	72.6%	8,190	64.2%	9,966	78.1%	9,569	75.0%	9,287	72.8%	7,961	62.4%	
Not Hispanic or Ethnicity Unknown															
White	17,079	12,226	71.6%	9,971	58.4%	8,089	47.4%	10,260	60.1%	9,702	56.8%	8,910	52.2%	7,633	44.7%
Asian	1,345	1,212	90.1%	1,018	75.7%	978	72.7%	1,064	79.1%	1,027	76.4%	999	74.3%	892	66.3%
Black	2,142	1,762	82.3%	1,347	62.9%	1,228	57.3%	1,447	67.6%	1,372	64.1%	1,295	60.5%	1,061	49.5%
American Indian/Alaska Native	778	602	77.4%	402	51.7%	417	53.6%	498	64.0%	467	60.0%	436	56.0%	316	40.6%
Hawaiian/Pacific Islander	665	533	80.2%	380	57.1%	390	58.6%	418	62.9%	397	59.7%	375	56.4%	294	44.2%
More Than One Race	2,518	1,919	76.2%	1,528	60.7%	1,354	53.8%	1,582	62.8%	1,496	59.4%	1,394	55.4%	1,183	47.0%
Other/Unknown	585	448	76.6%	257	43.9%	301	51.5%	321	54.9%	290	49.6%	278	47.5%	198	33.8%
Total	37,877	29,970	79.1%	24,169	63.8%	20,947	55.3%	25,556	67.5%	24,320	64.2%	22,974	60.7%	19,538	51.6%

Excludes children with eligibility for programs using state funds only or with contraindications for immunization. **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. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included.

Combination 2 = DtaP+IPV+MMR+HIB+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+HIB+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

**Table 5e. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday**

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	Combination 6		Combination 7		Combination 8		Combination 9		Combination 10	
		N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total
Amerigroup Washington Inc	79	12	15.2%	16	20.3%	12	15.2%	9	11.4%	9	11.4%
Community Health Plan of WA	12856	6,272	48.8%	7,178	55.8%	6,154	47.9%	5,298	41.2%	5,210	40.5%
Coordinated Care Corporation	170	47	27.6%	49	28.8%	47	27.6%	34	20.0%	34	20.0%
Molina Healthcare of WA	18465	8,036	43.5%	8,798	47.6%	7,710	41.8%	6,708	36.3%	6,454	35.0%
UnitedHealthcare Community Plan	139	30	21.6%	33	23.7%	29	20.9%	23	16.5%	23	16.5%
Native Health PCCM (multiple agencies)	358	138	38.5%	134	37.4%	138	38.5%	97	27.1%	97	27.1%
Medicaid Managed Care	35,292	15,864	45.0%	17,677	50.1%	15,365	43.5%	13,310	37.7%	12,922	36.6%
Medicaid Fee for Service	2,585	1,015	39.3%	989	38.3%	953	36.9%	771	29.8%	727	28.1%
Mother Undocumented at Delivery	5,759	3,685	64.0%	3,989	69.3%	3,632	63.1%	3,216	55.8%	3,175	55.1%
Total	37,877	16,879	44.6%	18,666	49.3%	16,318	43.1%	14,081	37.2%	13,649	36.0%

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. **Mother Undocumented at Delivery** identified for children with matching Medicaid ID in First Steps Database. **Excludes** children with eligibility for programs using state funds only or with contraindications for immunization. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. Combination measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+Hib+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

**Table 5f. Childhood Immunizations by Age Two for Children Who Turned Two in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Second Birthday
By Race/Ethnicity**

	Combination 6		Combination 7		Combination 8		Combination 9		Combination 10		
	N	% of Total	N	% of Total	N	% of Total	N	% of Total	N	% of Total	
TOTAL ELIGIBLE CHILDREN											
Hispanic	12,765	7,004	54.9%	7,775	60.9%	6,874	53.9%	5,999	47.0%	5,900	46.2%
Not Hispanic or Ethnicity Unknown											
White	17,079	6,228	36.5%	7,136	41.8%	5,932	34.7%	5,134	30.1%	4,911	28.8%
Asian	1,345	831	61.8%	867	64.5%	817	60.7%	730	54.3%	717	53.3%
Black	2,142	948	44.3%	1,008	47.1%	904	42.2%	766	35.8%	731	34.1%
American Indian/Alaska Native	778	320	41.1%	293	37.7%	307	39.5%	219	28.1%	209	26.9%
Hawaiian/Pacific Islander	665	292	43.9%	278	41.8%	281	42.3%	219	32.9%	211	31.7%
More Than One Race	2,518	1,045	41.5%	1,120	44.5%	999	39.7%	864	34.3%	826	32.8%
Other/Unknown	585	211	36.1%	189	32.3%	204	34.9%	150	25.6%	144	24.6%
Total	37,877	16,879	44.6%	18,666	49.3%	16,318	43.1%	14,081	37.2%	13,649	36.0%

Excludes children with eligibility for programs using state funds only or with contraindications for immunization. **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. **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. **Hep A** = hepatitis A. **RV** = rotavirus (two or three depending on vaccine or vaccine mix requirements). **Flu** = influenza. **Combination** measures have met full recommendations for each immunization included. **Combination 2** = DtaP+IPV+MMR+Hib+Hep B+VZV. **Combination 3** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV. **Combination 4** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A. **Combination 5** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV. **Combination 6** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Flu. **Combination 7** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV. **Combination 8** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+Flu. **Combination 9** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+RV+Flu. **Combination 10** = DtaP+IPV+MMR+Hib+Hep B+VZV+PCV+Hep A+RV+Flu. Documented **history of illness** is counted for MMR, Hep B, VZV, and Hep A immunizations. **Total** is based on both managed care plans existed in 2013 and historical managed care plans.

6 Immunization Status for Adolescents

Vaccines for adolescents are important because as children get older, protection from some childhood vaccines begins to wane. In addition, the risk of getting certain diseases like meningitis increases among adolescents and young adults. Recommended well care for adolescents includes reviewing their immunization history to ensure they are up to date on their vaccines. Adolescents should receive a meningococcal vaccine at age 11 or 12, and a tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine or a tetanus and diphtheria toxoids (Td) vaccine at age 10, 11, or 12.

Healthy People 2020 goals for vaccination coverage of adolescents by age 13 to 15 years are 80% for tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine and meningococcal conjugate vaccine.

The CHIPRA median combination (Meningococcal, Tdap/Td) immunization rate was 60% for 30 states using Core Set Specifications to report the measure for FFY 2012 (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2013), compared to 67.2% reported by the NCQA for Medicaid HMOs (NCQA, 2013).

Measure Definition: Immunization Status for Adolescents

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.

Data Collection Method: Administrative data linked to immunization registry data (Child Profile)

- Medicaid-enrolled children in Washington State who turned 13 years old in 2013 fell short of *Healthy People 2020* targets of 80% vaccine coverage. The proportion of adolescents with one dose of meningococcal vaccine was 54.3% and the proportion of adolescents with one Tdap or one Td was 66.4%. Both rates were below national averages of Medicaid HMO reported by NCQA (69.4% for meningococcal and 81.3% for Tdap/Td). The combination rate, 51.5%, was also lower than the median rate for 30 states (60%) reporting for the CHIPRA core set.
- The immunization rates for Meningococcal, Tdap/Td, and their combination rate for Medicaid children enrolled in fee-for-service were less than half those of Medicaid children enrolled in managed care. Immunization rates varied widely across different Medicaid managed care plans. For combination rate, three managed care plans demonstrated rates above 50%: CCC (58.5%), Molina (58.1%), and CHP (57.0%). The rate was lowest for Native Health PCCM (11.8%).
- Hispanic children demonstrated the highest immunization rates for Meningococcal, Tdap/Td, and their combination (Meningococcal, Tdap/Td). For Tdap/Td, the immunization rate was 76.0%, which was close to the *Healthy People 2020* target. American Indian/Alaska Native children had the lowest immunization rates, compared to other race/ethnicity groups. The proportion of American Indian/Alaska Native children who received both Meningococcal and Tdap/Td vaccines was only 31.0%.

**Table 6a. Immunization Status for Adolescents Who Turned Thirteen in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday
By Managed Care Plan**

	Meningococcal (Age 11-13)		Tdap/Td (Age 10-13)		Combination 1 (Meningococcal + Tdap/Td)	
	N	% of Total	N	% of Total	N	% of Total
TOTAL ELIGIBLE CHILDREN						
Medicaid Managed Care Plan						
Amerigroup Washington Inc	485	37.9%	245	50.5%	172	35.5%
Community Health Plan of Washington	9691	60.6%	7,022	72.5%	5,523	57.0%
Coordinated Care Corporation	1528	60.9%	1,117	73.1%	894	58.5%
Molina Healthcare of Washington Inc	14044	60.9%	10,468	74.5%	8,161	58.1%
UnitedHealthcare Community Plan	976	50.0%	587	60.1%	457	46.8%
Native Health PCCM (multiple agencies)	203	13.3%	36	17.7%	24	11.8%
Medicaid Managed Care	26,941	59.6%	19,484	72.3%	15,237	56.6%
Medicaid Fee for Service	4,588	23.3%	1,447	31.5%	1,012	22.1%
Total	31,529	54.3%	20,931	66.4%	16,249	51.5%

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 during the 12 months before her/his 13th birthday, 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. **Tdap/Td** = one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays. **Meningococcal** = one meningococcal conjugate or meningococcal polysaccharide vaccine on or between the child's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap/Td) = Children who received one meningococcal vaccine on or between their 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays.

Due to low volumes, the rates for the following managed care plans have not been shown: Asuris Northwest Health (1), Columbia United Providers (7), Group Health Cooperative (3), and Regence BlueShield (3).

**Table 6b. Immunization Status for Adolescents Who Turned Thirteen in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday
By Race/Ethnicity**

	TOTAL ELIGIBLE CHILDREN	Meningococcal (Age 11-13)		Tdap/Td (Age 10-13)		Combination 1 (Meningococcal + Tdap/Td)	
		N	% of Total	N	% of Total	N	% of Total
Hispanic	8,617	5,823	67.6%	6,551	76.0%	5,567	64.6%
Not Hispanic or Ethnicity Unknown							
White	15,423	7,416	48.1%	9,814	63.6%	7,055	45.7%
Asian	1,136	734	64.6%	815	71.7%	677	59.6%
Black	2,081	1,158	55.6%	1,335	64.2%	1,096	52.7%
American Indian/Alaska Native	762	259	34.0%	309	40.6%	236	31.0%
Hawaiian/Pacific Islander	647	364	56.3%	416	64.3%	339	52.4%
More Than One Race	533	294	55.2%	339	63.6%	277	52.0%
Other/Unknown	2,330	1,087	46.7%	1,352	58.0%	1,002	43.0%
Total	31,529	17,135	54.3%	20,931	66.4%	16,249	51.5%

Excludes children with eligibility for programs using state funds only. **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, where known, was substituted as the race/ethnicity indicator (5.3% of children). **Tdap/Td** = one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays. **Meningococcal** = one meningococcal conjugate or meningococcal polysaccharide vaccine on or between the child's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap/Td) = Children who received one meningococcal vaccine on or between their 11th and 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) on or between the child's 10th and 13th birthdays.

7 Well-Child Visits

Regular visits for screening and examinations by medical providers are recommended during early childhood and throughout the adolescent years to support healthy growth and development, as well as for counseling on nutrition, physical activity, injury prevention, and other age-appropriate topics.

The American Academy of Pediatrics (AAP) and Bright Futures recommend 9 well-child visits in the first 15 months of life and annual well-child visits for children ages 3 and older (Please see http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf for a detailed schedule of recommended visits.). For the 46 states that reported CHIPRA measures for FFY 2012, the performance on this measure was best, on average, for children ages 3 to 6, with a median of 68% receiving the recommended annual well-child visit. This median reflects a wide range across states, from a low of 40% to a high of 85%. Possible explanations for the high variability include differences in provider service delivery or a data artifact (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2013). The NCQA reported that 72.0% of children enrolled in Medicaid HMOs received at least one well-child visit (3-6 years of age) in 2012. Washington state ranks slightly below national Medicaid performance on measures of well-child visits. In FFY2012, 62.4% of children ages 3 to 6 in Washington State received one or more well-child visits.

Performance on the well-child visit measure for children age 0 to 15 months (with at least 6 visits) is typically worse than that for 3- to 6-year-olds (annual visits). For the 43 states that reported CHIPRA measures for 15-month-olds, the median rate was 62% in FFY2012. The NCQA reported an average of 63.6% for 15-month-olds enrolled in Medicaid HMOs; the Washington rate for FFY2012 was 58.1%.

Measure Definition: Well-Child Visits (WCVs)

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.

Percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner during the measurement year.

Data Collection Method: Administrative

- For 3- to 6-year-olds, the 2012 and 2013 rates of one or more well-child visit reported here for children in managed care were 61.6% and 61.4%, respectively. For children that turned 15 months old during the measurement year, the proportion of children in managed care who had six or more well-child visits was 49.3% in 2012 and 50.2% in 2013.
- In both 2012 and 2013, the rates of well-child visits among children enrolled in managed care plans exceeded those for children in fee-for-service, for both 15-month-old children and those ages 3 to 6. In 2013, 50.2% of 15-month-olds enrolled in managed care received at least six visits;

the rate was just 26.1% for 15-month-olds in fee-for-service. For 3- to 6-year-olds, overall rates were higher, with 61.4% of children in managed care receiving at least one visit, compared to 30.8% of children in fee-for-service.

- While rates for 3- to 6-year-olds were stable between 2012 and 2013, 58.7% in 2012 and 58.6% in 2013, rates for 15-month-olds increased slightly, from 47.5% in 2012 to 48.8% in 2013.
- The proportion of 15-month-old children who had at least 6 well-child visits was highest for Asian and Hispanic children in 2013 (58.1% and 57.1%, respectively). Similarly, the proportion of 3- to 6-year-olds with at least one annual visit was highest for Asian and Hispanic children (65.3% and 65.0%, respectively).

**Table 7a. Well-Child Visits
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6)
or 31 Days to 15 Months of Age (15 Months Old) by Managed Care Plan**

	2012						2013					
	15 Months Old			Age 3-6			15 Months Old			Age 3-6		
	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
Medicaid Managed Care Plan												
Amerigroup Washington Inc	2	0	0.0%	1,144	525	45.9%	482	188	39.0%	2,364	1,274	53.9%
Asuris NW Health Plan	285	121	42.5%	201	136	67.7%	15	9	60.0%			
Columbia United Providers	2,715	1,156	42.6%	1,686	923	54.7%	210	71	33.8%			
Community Health Plan of WA	11,662	5,833	50.0%	52,167	32,634	62.6%	11,281	5,728	50.8%	46,353	28,372	61.2%
Coordinated Care Corporation	12	7	58.3%	3,868	2,193	56.7%	1,823	947	51.9%	10,051	6,443	64.1%
Group Health Cooperative	798	55	6.9%	953	410	43.0%	57	1	1.8%			
Kaiser Foundation Health Plan	63	12	19.0%	44	12	27.3%	5	0	0.0%			
Molina Healthcare of WA	16,842	8,812	52.3%	75,539	47,164	62.4%	18,029	9,242	51.3%	76,208	47,301	62.1%
Regence Blue Shield	1,676	862	51.4%	1,756	973	55.4%	146	68	46.6%			
UnitedHealthcare Community Plan	15	6	40.0%	2,544	1,473	57.9%	1,224	515	42.1%	5,531	3,140	56.8%
Native Health PCCM (multiple agencies)	312	81	26.0%	947	382	40.3%	332	96	28.9%	995	401	40.3%
Medicaid Managed Care	34,382	16,945	49.3%	140,849	86,825	61.6%	33,604	16,865	50.2%	141,514	86,940	61.4%
Medicaid Fee for Service	2,756	710	25.8%	15,416	4,872	31.6%	2,099	548	26.1%	14,531	4,471	30.8%
Total	37,138	17,655	47.5%	156,265	91,697	58.7%	35,703	17,413	48.8%	156,045	91,411	58.6%

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 state-only Medicaid/CHIP eligibility. 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, and one screening per 12-month period for 3-6 year olds. Amerigroup Washington Inc, Coordinated Care Corporation, and UnitedHealthcare Community Plan became contracted Medicaid managed care providers as of July 2012.

**Table 7b. Well-Child Visits
Children With Continuous Medicaid/CHIP Eligibility During the Year (Ages 3-6)
or 31 Days to 15 Months of Age (15 Months Old) by Race/Ethnicity**

	2012						2013					
	15 Months Old			Age 3-6			15 Months Old			Age 3-6		
	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Six or More Visits (N)	Six or More Visits (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
Race/Ethnicity												
Hispanic	12,037	6,495	54.0%	52,176	33,640	64.5%	11,330	6,465	57.1%	48,760	31,700	65.0%
Not Hispanic or Ethnicity Unknown												
White	17,989	8,040	44.7%	69,283	38,244	55.2%	17,253	7,699	44.6%	62,681	34,047	54.3%
Asian	1,431	793	55.4%	5,123	3,364	65.7%	1,457	846	58.1%	4,610	3,009	65.3%
Black	2,110	890	42.2%	8,637	5,202	60.2%	2,056	878	42.7%	8,030	4,809	59.9%
American Indian/Alaska Native	795	249	31.3%	3,580	1,694	47.3%	783	238	30.4%	3,304	1,533	46.4%
Hawaiian/Pacific Islander	641	244	38.1%	2,923	1,561	53.4%	701	291	41.5%	2,690	1,454	54.1%
More Than One Race	1,519	663	43.6%	4,701	2,691	57.2%	1,758	819	46.6%	5,901	3,305	56.0%
Other/Unknown	616	281	45.6%	9,842	5,301	53.9%	365	177	48.5%	20,069	11,554	57.6%
Total	37,138	17,655	47.5%	156,265	91,697	58.7%	35,703	17,413	48.8%	156,045	91,411	58.6%

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 state-only Medicaid/CHIP eligibility. 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. **Race/ethnicity** categories are mutually exclusive. Hispanic women 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. **Recommended screening schedule** is five screenings in the first year of life, three screenings ages 1-2, and one screening per 12-month period for 3-6 year olds.

8 Adolescent Well-Care Visits

Well-care visits during the adolescent years provide opportunities for counseling about risk-taking behaviors, interventions and treatment for chronic diseases, and timely and relevant health promotion advice. The American Academy of Pediatrics recommends an annual visit for adolescents (Please see http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf for a detailed schedule of recommended visits.); however, in Washington, the state-specific recommendation is for one visit every two years (children 7 through 20 years of age). The Washington recommended screening schedule is available at: http://www.hca.wa.gov/medicaid/billing/documents/guides/epsdt_bi.pdf

As reported for CHIPRA, adolescents had the lowest rate of well-child visits, with a median of 42% of adolescents ages 12 to 21 receiving at least one well-child visit. For adolescents enrolled in Medicaid HMOs, the NCQA reported an average rate of well-care visits of 49.7% (2012).

Measure Definition: Adolescent Well-Care Visit

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

Data Collection Method: Administrative

- In both 2012 and 2013, the rates of well-care visits for adolescents enrolled in managed care plans exceeded those for adolescents in fee-for-service. In 2013, 36.2% of 12- to 21-year-olds enrolled in managed care received at least one visit; the rate was just 22.6% for 12- to 21-year-olds in fee-for-service.
- The overall rate of well-care visits increased slightly from 2012 to 2013, from 32.5% to 33.8%. The rate for adolescents enrolled in managed care plans increased from 35.4% to 36.2%, while the rate for those in fee-for-service increased from 20.5% to 22.6%.
- The proportion of 12- to 21-year-olds with at least one well-care visit was highest for Asians in both 2012 and 2013 (40.1% and 41.6%, respectively). Hispanic and African American adolescents had the next highest rates. In 2013, 39.0% of Hispanic adolescents and 37.4% of African American adolescents had at least one comprehensive well-care visit. The lowest rates occurred among American Indian/Alaska Native youth.

**Table 8a. Adolescent Well-Care Visits
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year**

	2012			2013		
	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
Medicaid Managed Care Plan						
Amerigroup Washington Inc	1,783	476	26.7%	4,234	1,208	28.5%
Asuris NW Health Plan	302	103	34.1%			
Columbia United Providers	2,015	583	28.9%			
Community Health Plan of WA	65,398	22,467	34.4%	61,862	21,009	34.0%
Coordinated Care Corporation	5,657	1,883	33.3%	13,452	4,945	36.8%
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%
Regence Blue Shield	2,441	785	32.2%			
UnitedHealthcare Community Plan	3,801	1,204	31.7%	8,281	2,499	30.2%
Native Health PCCM (multiple agencies)	1,294	257	19.9%	1,491	374	25.1%
Medicaid Managed Care	170,559	60,330	35.4%	180,692	65,392	36.2%
Medicaid Fee for Service	40,666	8,341	20.5%	39,246	8,889	22.6%
Total	211,225	68,671	32.5%	219,938	74,281	33.8%

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 state-only Medicaid/CHIP eligibility. 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.**

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

**Table 8b. Adolescent Well-Care Visits
Children 12-21 With Continuous Medicaid/CHIP Eligibility During the Year**

	2012			2013		
	Eligible (N)	Had Visit (N)	Had Visit (%)	Eligible (N)	Had Visit (N)	Had Visit (%)
Race/Ethnicity						
Hispanic	50,605	18,253	36.1%	55,377	21,596	39.0%
Not Hispanic or Ethnicity Unknown						
White	109,442	33,168	30.3%	111,501	34,116	30.6%
Asian	7,660	3,073	40.1%	8,090	3,362	41.6%
Black	14,469	5,185	35.8%	14,587	5,452	37.4%
American Indian/Alaska Native	5,719	1,462	25.6%	5,648	1,606	28.4%
Hawaiian/Pacific Islander	4,373	1,441	33.0%	4,457	1,513	33.9%
More Than One Race	2,893	1,011	34.9%	5,223	1,916	36.7%
Other/Unknown	16,064	5,078	31.6%	15,055	4,720	31.4%
Total	211,225	68,671	32.5%	219,938	74,281	33.8%

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 state-only Medicaid/CHIP eligibility. **Race/ethnicity** categories are mutually exclusive. Hispanic women 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. 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.

9 Emergency Department Visits

Although visits to the emergency department (ED) do not indicate poor quality of care, unnecessary use of emergency care may signal a lack of access to more appropriate sources of medical attention.

While the reasons that patients decide to visit an ED instead of a clinic or medical provider's office are complex, unnecessary and non-urgent ED visits are costly, result in ER over-crowding, and contribute to long wait times. Access to sources of ambulatory care other than the ED can improve patient outcomes and maintain a high quality of care.

The Washington Health Care Authority continues to focus on implementation of best practices to reduce medically unnecessary ED visits, in consultation with the Washington State Hospital Association, the Washington State Medical Association, and the Washington Chapter of the American Chapter of Emergency Physicians (HCA Report to the Legislature, 2014). While these efforts are not specifically targeted to children's use of ED services, Medicaid children may benefit from improved access to and coordination of medical care which the HCA is promoting through best practices.

ED visit rates are typically reported for Medicaid enrollees under age 65. NCQA reported a rate of 62.0 visits per 1,000 member months for Medicaid HMO enrollees in 2010 (NCQA, 2011), which was a measure targeted at children and adolescents. Aumentra reported a 2013 managed care organizations (AMG, CCC, CHP, MHW, and UHC) average of 47.63 per 1000 member months, which was significantly lower than the NCQA Quality Compass average of 65.58 per 1000 member months (Aumentra Health, 2013). No ED visit rates for children were available from Aumentra for comparison.

Measure Definition: Emergency Department (ED) Visits

Rate of ED visits per 1,000 member months among children up to age 19. This measure is calculated for three age groups: less than 1, 1 to 9, and 10 to 18.

Data Collection Method: Administrative

- ED visits varied greatly by age: the highest visit rates (79.3 visits per 1000 member months in 2013) occurred among infants (less than one year old); the rate for children 1 to 9, 39.1 visits per 1000 member months (2013), was intermediate; and the rate for youth 10 to 18 was the lowest (28.7 in 2013).
- ED visit rates among plans also varied widely. The differences in ED visit rates was largest for children less than 1. Native Health PCCM had the highest rate (106.8) and UHC had the lowest rate (72.1). Among the 6 managed care plans, Native Health PCCM consistently demonstrated the highest rates of ED visits for the three age groups.
- ED visit rates for children in fee-for-service were consistently lower than those for managed care enrollees. This was true for all three age groups, though most pronounced for children less than one.

- Between 2009 and 2013, ED visit rates for children decreased modestly. This was true for both fee-for-service and managed care enrollees and for all three age groups.
- The highest rates of ED visits occurred among American Indians/Alaska Natives. This was consistent over time (2011-2013) and for all three age groups. The second highest rates occurred among Hawaiian/Pacific Islanders (109.5 per 1000 member months for infants, 2013), African Americans (44.1 per 1000 member months for 1- to 9-year olds and 34.2 per 1000 member months for 10- to 18-year-olds, 2013).
- The lowest rates of ED visits occurred among Asians. This was true for all time periods and all age groups. The ED visit rate for Asians ranged from about one-third to two-thirds of the overall rate for all races. In 2013, the Asian rate for infants, 52.8 per 1000 member months, was 67% of the overall rate. For children 1 to 9 years old, the rate for Asians, 24.3 per 1000 member months, was 62% of the overall rate. For youth 10-18, the rate for Asians, 10.2 per 1000 member months, was 36% of the overall rate.

**Table 9a. 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 2009-2013**

	2009			2010			2011			2012			2013		
	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
Medicaid Managed Care Plan															
Amerigroup Washington Inc	126	1,490	84.6	144	1,795	80.2	311	4,020	77.4	144	1,735	83.0	1,420	19,340	73.4
Asuris NW Health Plan															
Columbia United Providers	1,946	25,981	74.9	1,806	27,751	65.1	2,783	37,739	73.7	1,245	18,290	68.1			
Community Health Plan of WA	16,770	138,722	120.9	15,773	147,040	107.3	16,162	157,223	102.8	14,306	155,881	91.8	11,107	120,807	91.9
Coordinated Care Corporation										1,244	13,580	91.6	4,581	51,661	88.7
Group Health Cooperative	699	12,214	57.2	589	12,650	46.6	484	11,112	43.6	109	5,408	20.2			
Kaiser Foundation Health Plan	9	396	22.7	2	224	8.9	32	593	54.0	31	668	46.4			
Molina Healthcare of WA	21,612	231,556	93.3	19,939	234,714	85.0	18,066	217,695	83.0	18,161	229,213	79.2	16,830	209,280	80.4
Regence Blue Shield	3,586	23,596	152.0	3,301	23,498	140.5	2,861	23,183	123.4	1,074	10,343	103.8			
UnitedHealthcare Community Plan															
Native Health PCCM (mult. agencies)	320	2,036	157.2	437	3,349	130.5	576	4,033	142.8	655	4,819	135.9	2,674	37,094	72.1
													553	5,177	106.8
Medicaid Managed Care	45,068	435,991	103.4	41,991	451,021	93.1	41,275	455,598	90.6	38,127	455,825	83.6	37,173	443,405	83.8
Medicaid Fee for Service	7,655	127,894	59.9	7,294	113,438	64.3	6,683	103,080	64.8	5,446	93,130	58.5	4,605	83,896	54.9
Total	52,757	563,885	93.6	49,305	564,459	87.3	47,969	558,678	85.9	43,590	548,955	79.4	41,824	527,301	79.3

Excludes children with eligibility for programs using state funds only. 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 9b. 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 2009-2013**

	2009			2010			2011			2012			2013		
	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	16,786	129,566	129.6	14,900	125,375	118.8	12,711	113,943	111.6	10,697	107,430	99.6	9,718	98,023	99.1
Not Hispanic or Ethnicity Unknown															
White	31,439	363,768	86.4	30,181	366,892	82.3	30,756	375,110	82.0	28,623	371,312	77.1	24,475	310,803	78.7
Asian	441	9,000	49.0	459	8,732	52.6	479	9,504	50.4	524	11,554	45.4	633	11,994	52.8
Black	2,054	18,775	109.4	1,874	17,891	104.7	1,840	17,898	102.8	1,747	17,593	99.3	1,856	19,939	93.1
American Indian/Alaska Native	1,196	9,329	128.2	1,079	8,468	127.4	968	8,144	118.9	1,129	9,013	125.3	963	8,528	112.9
Hawaiian/Pacific Islander	727	6,534	111.3	597	6,270	95.2	651	5,898	110.4	674	6,217	108.4	769	7,024	109.5
More Than One Race	1,657	18,280	90.6	1,568	19,319	81.2	1,771	19,386	91.4	1,716	19,740	86.9	1,152	17,847	64.5
Other/Unknown	911	8,633	105.5	920	11,546	79.7	915	8,850	103.4	475	6,137	77.4	4,130	61,586	67.1
Total	52,757	563,885	93.6	49,305	564,459	87.3	47,969	558,678	85.9	43,590	548,955	79.4	41,824	527,301	79.3

Excludes children with eligibility for programs using state funds only. **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 9c. 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 2009-2013**

	2009			2010			2011			2012			2013		
	Total ED Visits	per 1,000 Mths	Visits	Total ED Visits	per 1,000 Mths	Visits	Total ED Visits	per 1,000 Mths	Visits	Total ED Visits	per 1,000 Mths	Visits	Total ED Visits	per 1,000 Mths	Visits
Medicaid Managed Care Plan															
Amerigroup Washington Inc															
Asuris NW Health Plan	420	10,361	40.5	528	12,521	42.2	687	19,878	34.6	381	10,808	35.3			
Columbia United Providers	7,510	202,095	37.2	7,133	228,980	31.2	10,311	311,922	33.1	5,278	158,279	33.3			
Community Health Plan of WA	62,348	1,023,495	60.9	58,432	1,167,106	50.1	57,082	1,227,938	46.5	56,799	1,334,346	42.6	54,543	1,285,026	42.4
Coordinated Care Corporation													4,029	89,429	45.1
Group Health Cooperative	2,917	98,381	29.7	2,748	107,505	25.6	2,490	102,378	24.3	499	49,325	10.1			
Kaiser Foundation Health Plan	66	4,406	15.0	52	3,713	14.0	96	3,723	25.8	76	3,201	23.7			
Molina Healthcare of WA	79,806	1,645,984	48.5	78,177	1,854,123	42.2	75,270	1,863,680	40.4	77,027	1,985,734	38.8	82,519	2,060,450	40.0
Regence Blue Shield	13,776	197,853	69.6	12,954	212,968	60.8	11,432	213,560	53.5	5,423	101,073	53.7			
UnitedHealthcare Community Plan															
Native Health PCCM (mult. agencies)	1,497	22,034	67.9	1,485	28,359	52.4	1,232	25,286	48.7	1,488	28,491	52.2	1,586	32,251	49.2
Medicaid Managed Care	168,340	3,204,609	52.5	161,509	3,615,275	44.7	158,600	3,768,365	42.1	154,549	3,856,241	40.1	162,118	3,940,976	41.1
Medicaid Fee for Service	32,499	855,851	38.0	25,734	792,564	32.5	25,313	787,344	32.1	21,179	726,494	29.2	16,980	640,030	26.5
Total	201,442	4,060,460	49.6	187,459	4,407,839	42.5	183,996	4,555,709	40.4	175,773	4,582,735	38.4	179,226	4,581,006	39.1

Excludes children with eligibility for programs using state funds only. 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 9d. 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 2009-2013**

	2009			2010			2011			2012			2013		
	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
	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	Total ED Visits	1,000 Mths	
Hispanic	65,908	1,055,573	62.4	57,408	1,157,338	49.6	52,332	1,179,857	44.4	46,767	1,167,797	40.0	47,427	1,143,846	41.5
Not Hispanic or Ethnicity Unknown	99,966	2,216,760	45.1	96,885	2,391,909	40.5	98,228	2,481,054	39.6	96,398	2,527,319	38.1	99,028	2,560,585	38.7
White	2,474	92,940	26.6	2,063	98,543	20.9	2,112	98,736	21.4	2,132	97,799	21.8	2,391	98,421	24.3
Asian	9,711	199,365	48.7	8,777	201,305	43.6	8,627	198,058	43.6	8,405	193,783	43.4	8,365	189,494	44.1
Black	4,839	86,312	56.1	4,204	87,521	48.0	3,880	85,822	45.2	3,789	84,181	45.0	3,646	81,715	44.6
American Indian/Alaska Native	2,741	61,108	44.9	2,377	64,756	36.7	2,515	67,691	37.2	2,602	68,287	38.1	2,766	69,183	40.0
Hawaiian/Pacific Islander	5,580	120,139	46.4	5,912	139,134	42.5	6,047	155,508	38.9	6,436	169,545	38.0	6,662	179,791	37.1
More Than One Race	8,225	228,276	36.0	8,015	267,380	30.0	8,543	289,055	29.6	7,675	274,083	28.0	7,466	261,802	28.5
Other/Unknown															
Total	201,442	4,060,460	49.6	187,459	4,407,839	42.5	183,996	4,555,709	40.4	175,773	4,582,735	38.4	179,226	4,581,006	39.1

Excludes children with eligibility for programs using state funds only. **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 9f. Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age Ten to Eighteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2009-2013**

	2009			2010			2011			2012			2013		
	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	25,114	597,231	42.1	25,452	732,586	34.7	24,985	794,237	31.5	25,317	834,288	30.3	26,195	873,832	30.0
Not Hispanic or Ethnicity Unknown															
White	69,389	1,729,487	40.1	62,771	1,821,589	34.5	60,403	1,858,444	32.5	57,454	1,860,914	30.9	53,958	1,850,363	29.2
Asian	1,437	100,853	14.2	1,190	112,383	10.6	1,180	117,335	10.1	1,203	117,677	10.2	1,200	117,858	10.2
Black	8,672	211,161	41.1	8,141	221,010	36.8	7,637	222,241	34.4	7,491	219,792	34.1	7,356	215,002	34.2
American Indian/Alaska Native	4,948	90,202	54.9	4,368	91,011	48.0	3,903	88,164	44.3	3,500	85,368	41.0	3,188	82,114	38.8
Hawaiian/Pacific Islander	1,622	60,276	26.9	1,431	65,732	21.8	1,449	70,939	20.4	1,470	70,687	20.8	1,442	69,690	20.7
More Than One Race	1,575	51,467	30.6	2,047	69,039	29.6	2,375	84,490	28.1	2,798	99,975	28.0	3,157	114,260	27.6
Other/Unknown	7,177	229,645	31.3	5,724	234,877	24.4	5,705	252,552	22.6	5,569	252,416	22.1	5,746	257,449	22.3
Total	120,390	3,070,314	39.2	111,579	3,348,215	33.3	108,047	3,488,386	31.0	105,228	3,541,092	29.7	102,639	3,577,566	28.7

Excludes children with with eligibility for programs using state funds only. **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.

10 Children and Adolescent Access to Primary Care Practitioners

Access to primary care practitioners (PCPs) is essential for the health and wellness of children and adolescents. Primary care visits can best serve the need for immunizations, screenings for common chronic and infectious diseases, assessing health condition, and providing appropriate treatment and counseling. Improving access to primary care services can lead to reduced expenses for hospitalizations and non-urgent emergency department (ED) visits. Access to a primary care setting also leads to improved health outcomes for children and adolescents. A basic measure of access to PCPs is whether children ages 1 to 6 had a visit in the past year and children ages 7 to 19 had a visit in the past two years.

The *Healthy People 2020* targets for the proportion of children and youth aged 17 years and younger who have a specific source of ongoing care and for the proportion of adults aged 18 to 64 years who have a specific source of ongoing care were set at 100% and 89.4% respectively.

For the 43 states that reported on the CHIPRA core measure set, the median rate was highest for the 12-24 months age group, with a median of 97%. Median rates for other age groups were slightly lower, but still quite high: 88% for the 25 months-6 years age group; 91% for the 7-11 years age group; and 89% for the 12-19 years age group (DHHS Annual Report on the Quality of Care for Children in Medicaid and CHIP, 2013). The NCQA reported that in 2012 96.0% of children enrolled in Medicaid HMOs (12-24 months) had a visit with a PCP. The rates for other age groups were similar: 88.3% for children ages 25 months to 6 years; 89.9% for children ages 7 to 11; and 88.4% for children ages 12 to 19 (NCQA, 2013).

Measure Definition: Children and Adolescent Access to Primary Care Practitioners (PCPs)

Percentage of children ages 12 months to 19 years that had a visit with a PCP. The measure is reported for four separate age groups: 12 months to 24 months, 25 months to 6 years, 7 years to 11 years, 12 years to 19 years.

Data Collection Method: administrative

- The proportion of Medicaid children with a PCP visit was highest for children ages 12 months to 24 months (91.6%, 2013) and lowest for children ages 25 months to 6 years (81.9%, 2013).
- From 2010 to 2013, children and adolescents in fee-for-service consistently had lower proportions of children with visits to PCPs, compared with children and adolescents enrolled in managed care plans. This was true for all three age groups.
- During 2010-2013, access to PCPs has increased for children in all four age groups, though most pronounced for children age 7 to 19 years. In 2010, 68.9% of Medicaid children ages 12 to 19 years had a visit with a PCP, while in 2013 the proportion increased to 85.4%. More complete encounter data submitted by managed care plans in recent years may contribute to this increase.

Children enrolled in managed care plans demonstrated greater improvement in access to PCPs than did those in fee-for-service.

- Access to PCPs varied across different managed care plans. In 2013, Molina outperformed the other five managed care plans in all four age groups. For children 7 to 11 years and children 12 to 19 years, the proportion of children that had a visit with a PCP was lowest for those enrolled in Native Health PCCM.
- For most years, across all age groups, the proportion of children with PCP visits was higher for children of Hispanic ethnicity than for children of any other race/ethnicity.
- For all age groups, American Indian/Alaska Native and Hawaiian/Pacific Islander children typically had lower levels of access than children of other race/ethnicity. Children age 12 to 24 months had the highest rates of access and the smallest differences between race/ethnicity groups. In 2013 rates for children age 12 to 24 with identified race/ethnicity ranged from 90.2% to 93.1%.

**Table 10b. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Race/Ethnicity 2010-2013**

For Children Age 12 - 24 Months Enrolled in Medicaid/CHIP

	2010			2011			2012			2013		
	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 (%)
Hispanic	15,287	13,939	91.2%	14,258	13,531	94.9%	13,461	13,082	97.2%	12,652	11,778	93.1%
Not Hispanic or Ethnicity Unknown												
White	21,573	19,138	88.7%	20,628	18,652	90.4%	20,737	19,351	93.3%	20,057	18,198	90.7%
Asian	1,668	1,489	89.3%	1,641	1,505	91.7%	1,719	1,639	95.3%	1,712	1,578	92.2%
Black	2,427	2,119	87.3%	2,346	2,126	90.6%	2,392	2,275	95.1%	2,413	2,235	92.6%
American Indian/Alaska Native	987	827	83.8%	929	825	88.8%	931	849	91.2%	935	843	90.2%
Hawaiian/Pacific Islander	811	700	86.3%	775	680	87.7%	765	708	92.5%	853	776	91.0%
More Than One Race	1,276	1,132	88.7%	1,396	1,261	90.3%	1,844	1,712	92.8%	2,011	1,827	90.9%
Other/Unknown	1,114	977	87.7%	1,409	1,260	89.4%	844	771	91.4%	620	534	86.1%
Total Medicaid	45,143	40,321	89.3%	43,382	39,840	91.8%	42,693	40,387	94.6%	41,253	37,769	91.6%

Excludes claims for programs using state funds only.

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 continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during 2012, and, for ages 7-19, 2011.

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 service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year for children 12 months to six years old, and during the measurement year and the year prior for children ages 7-19.

**Table 10c. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Managed Care Plan 2010-2013
For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP**

	2010			2011			2012			2013		
	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 (%)
Medicaid Managed Care Plan												
Amerigroup Washington Inc	502	403	80.3%	885	708	80.0%	1,415	944	66.7%	2,929	2,090	71.4%
Asuriz Northwest Health	10,132	8,291	81.8%	14,209	12,031	84.7%	2,208	1,787	80.9%			
Columbia United Providers	53,080	43,050	81.1%	55,595	45,670	82.1%	65,522	56,224	85.8%	57,517	47,887	83.3%
Community Health Plan of WA							4,769	3,504	73.5%	12,563	9,078	72.3%
Coordinated Care Corporation	4,701	1,407	29.9%	4,515	1,131	25.0%	1,202	694	57.7%			
Group Health Cooperative	152	102	67.1%	153	110	71.9%	50	34	68.0%			
Kaiser Foundation Health Plan	86,600	69,641	80.4%	86,726	72,037	83.1%	94,646	82,274	86.9%	93,967	81,890	87.1%
Molina Healthcare of Washington Inc	9,597	5,085	53.0%	9,633	7,487	77.7%	2,250	1,728	76.8%			
Regence BlueShield							3,208	2,558	79.7%	6,878	5,161	75.0%
UnitedHealthcare Community Plan							1,219	810	66.4%	1,315	1,013	77.0%
Native Health PCCM (multiple agencies)	1,191	608	51.0%	1,064	597	56.1%						
Medicaid Managed Care	165,955	128,587	77.5%	172,780	139,771	80.9%	176,769	150,782	85.3%	175,182	147,132	84.0%
Medicaid Fee for Service	23,148	13,761	59.4%	23,978	14,644	61.1%	18,797	11,016	58.6%	17,045	10,263	60.2%
Total Medicaid	189,103	142,348	75.3%	196,758	154,415	78.5%	195,566	161,798	82.7%	192,227	157,395	81.9%

Child may have been enrolled in more than one plan over the 12- or 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 claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year, and, for ages 7-19, during the year prior. Amerigroup Washington Inc, Coordinated Care Corporation, 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 service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year for children 12 months to six years old, and during the measurement year or the prior year for children ages 7-19. 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 10d. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Race/Ethnicity 2010-2013**

For Children Age 25 Months to 6 Years Enrolled in Medicaid/CHIP

	2010			2011			2012			2013		
	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 (%)
Medicaid Managed Care Plan												
Hispanic	62,362	48,967	78.5%	65,120	54,080	83.0%	64,989	56,534	87.0%	64,609	54,996	85.1%
Not Hispanic or Ethnicity Unknown												
White	85,788	63,734	74.3%	87,965	67,791	77.1%	87,054	70,642	81.1%	84,375	67,998	80.6%
Asian	6,215	4,817	77.5%	6,417	5,175	80.6%	6,440	5,538	86.0%	6,345	5,411	85.3%
Black	10,564	7,875	74.5%	10,708	8,168	76.3%	10,659	8,711	81.7%	10,678	8,745	81.9%
American Indian/Alaska Native	4,466	2,838	63.5%	4,466	2,973	66.6%	4,367	3,168	72.5%	4,153	3,265	78.6%
Hawaiian/Pacific Islander	3,522	2,429	69.0%	3,677	2,566	69.8%	3,587	2,731	76.1%	3,522	2,628	74.6%
More Than One Race	4,078	3,039	74.5%	5,331	4,081	76.6%	6,684	5,400	80.8%	9,024	7,284	80.7%
Other/Unknown	12,108	8,649	71.4%	13,074	9,581	73.3%	11,786	9,074	77.0%	9,521	7,068	74.2%
Total Medicaid	189,103	142,348	75.3%	196,758	154,415	78.5%	195,566	161,798	82.7%	192,227	157,395	81.9%

Excludes claims for programs using state funds only.

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 continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during 2012, and, for ages 7-19, 2011.

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 service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year for children 12 months to six years old, and during the measurement year and the year prior for children ages 7-19.

**Table 10e. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Managed Care Plan 2010-2013**

For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP

	2010		2011		2012		2013	
	Eligible Children (N)	Child Had PCP Visit 2010 or 2010 (%)	Eligible Children (N)	Child Had PCP Visit 2011 or 2011 (%)	Eligible Children (N)	Child Had PCP Visit 2012 or 2012 (%)	Eligible Children (N)	Child Had PCP Visit 2013 or 2013 (%)
Medicaid Managed Care Plan								
Amerigroup Washington Inc	311	232 74.6%	498	425 85.3%	1,216	895 73.6%	1,523	1,202 78.9%
Asuriz Northwest Health	6,995	5,069 72.5%	10,266	8,995 87.6%	162	144 88.9%		
Columbia United Providers	35,290	25,129 71.2%	39,011	33,281 85.3%	1,631	1,452 89.0%		
Community Health Plan of WA					49,756	43,799 88.0%	48,039	42,500 88.5%
Coordinated Care Corporation					3,996	3,224 80.7%	8,446	7,338 86.9%
Group Health Cooperative	3,865	1,581 40.9%	3,661	1,188 32.5%	937	535 57.1%		
Kaiser Foundation Health Plan	161	102 63.4%	111	83 74.8%	45	39 86.7%		
Molina Healthcare of Washington Inc	56,242	40,727 72.4%	60,060	50,935 84.8%	69,880	62,120 88.9%	75,030	67,941 90.6%
Regence BlueShield	7,487	3,711 49.6%	8,001	6,021 75.3%	1,787	1,496 83.7%		
UnitedHealthcare Community Plan					2,478	2,115 85.4%	4,216	3,592 85.2%
Native Health PCCM (multiple agencies)	677	232 34.3%	736	272 37.0%	858	469 54.7%	992	761 76.7%
Medicaid Managed Care	111,028	76,783 69.2%	122,344	101,200 82.7%	132,746	116,288 87.6%	138,253	123,340 89.2%
Medicaid Fee for Service	23,247	15,434 66.4%	25,031	16,786 67.1%	20,106	12,887 64.1%	18,118	11,846 65.4%
Total Medicaid	134,275	92,217 68.7%	147,375	117,986 80.1%	152,852	129,175 84.5%	156,371	135,186 86.5%

Child may have been enrolled in more than one plan over the 12- or 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 claims for programs using state funds only. Eligible children were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year, and, for ages 7-19, during the year prior. Amerigroup Washington Inc, Coordinated Care Corporation, 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 service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year for children 12 months to six years old, and during the measurement year or the prior year for children ages 7-19. 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 10f. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Race/Ethnicity 2010-2013
For Children Age 7 to 11 Years Enrolled in Medicaid/CHIP**

	2010			2011			2012			2013		
	Eligible Children (N)	Child Had PCP Visit 2010 or 2010	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2010 or 2011	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2011 or 2012	Eligible Children with PCP Visit (%)	Eligible Children (N)	Child Had PCP Visit 2012 or 2013	Eligible Children with PCP Visit (%)
Medicaid Managed Care Plan												
Hispanic	39,913	27,828	69.7%	44,953	37,615	83.7%	48,433	42,869	88.5%	52,051	46,927	90.2%
Not Hispanic or Ethnicity Unknown												
White	66,746	46,083	69.0%	70,020	55,560	79.3%	69,764	58,059	83.2%	68,423	57,989	84.8%
Asian	4,111	2,831	68.9%	4,812	3,862	80.3%	4,912	4,230	86.1%	4,934	4,349	88.1%
Black	8,604	5,892	68.5%	8,975	7,129	79.4%	8,977	7,492	83.5%	9,076	7,738	85.3%
American Indian/Alaska Native	3,386	1,969	58.2%	3,399	2,093	61.6%	3,423	2,397	70.0%	3,440	2,808	81.6%
Hawaiian/Pacific Islander	2,059	1,240	60.2%	2,486	1,866	75.1%	2,773	2,188	78.9%	2,813	2,275	80.9%
More Than One Race	1,389	959	69.0%	2,326	1,822	78.3%	3,455	2,874	83.2%	5,402	4,665	86.4%
Other/Unknown	8,067	5,415	67.1%	10,404	8,039	77.3%	11,115	9,066	81.6%	10,232	8,435	82.4%
Total Medicaid	134,275	92,217	68.7%	147,375	117,986	80.1%	152,852	129,175	84.5%	156,371	135,186	86.5%

Excludes claims for programs using state funds only.

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 continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during 2012, and, for ages 7-19, 2011.

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 service, home service, preventive medicine, or general medical examination. Visits had to occur during the measurement year for children 12 months to six years old, and during the measurement year and the year prior for children ages 7-19.

**Table 10g. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Managed Care Plan 2010-2013
For Children Age 12 to 19 Years Enrolled in Medicaid/CHIP**

	2010		2011		2012		2013		
	Eligible Children (N)	Child Had PCP Visit 2010 or 2010 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2010 or 2011 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2011 or 2012 (N)	Eligible Children with PCP Visit (%)	Child Had PCP Visit 2012 or 2013 (N)	Eligible Children with PCP Visit (%)
Medicaid Managed Care Plan									
Amerigroup Washington Inc	335	263	78.5%	543	88.4%	1,139	77.3%	1,641	80.5%
Asuriz Northwest Health	7,865	5,790	73.6%	10,041	86.8%	1,657	87.6%	226	87.6%
Columbia United Providers	40,927	28,839	70.5%	45,185	84.2%	49,854	87.2%	49,369	87.8%
Community Health Plan of WA	5,408	2,553	47.2%	1,820	34.2%	798	57.5%	8430	86.2%
Coordinated Care Corporation	272	167	61.4%	108	71.1%	35	71.4%	49	71.4%
Group Health Cooperative	59,789	42,915	71.8%	64,396	84.5%	67,432	88.3%	74,556	90.2%
Kaiser Foundation Health Plan	8,682	4,826	55.6%	9,211	77.6%	1,941	83.5%	1,941	83.5%
Molina Healthcare of Washington Inc	829	359	43.3%	831	49.8%	640	62.8%	895	78.4%
Regence Blueshield									
UnitedHealthcare Community Plan									
Native Health PCCM (multiple agencies)									
Medicaid Managed Care	124,107	85,712	69.1%	137,290	82.0%	149,928	86.8%	156,982	88.7%
Medicaid Fee for Service	33,209	22,611	68.1%	35,733	68.5%	30,011	65.5%	27,036	66.2%
Total Medicaid	157,316	108,323	68.9%	173,023	79.2%	179,939	83.3%	184,018	85.4%

Child may have been enrolled in more than one plan over the 12- or 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 claims for programs using state funds only. **Eligible children** were continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during the measurement year, and, for ages 7-19, during the year prior. Amerigroup Washington Inc, Coordinated Care Corporation, 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 for children 12 months to six years old, and during the measurement year or the prior year for children ages 7-19. **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 10h. Children and Adolescent Access to Primary Care Practitioners (PCP)
By Race/Ethnicity 2010-2013
For Children Age 12 to 19 Years Enrolled in Medicaid/CHIP**

Medicaid Managed Care Plan	2010		2011		2012		2013	
	Eligible Children (N)	Child Had PCP Visit 2010 or 2010 (%)	Eligible Children (N)	Child Had PCP Visit 2011 or 2011 (%)	Eligible Children (N)	Child Had PCP Visit 2012 or 2012 (%)	Eligible Children (N)	Child Had PCP Visit 2013 or 2013 (%)
Hispanic	37,962	26,011 (68.5%)	42,684	35,079 (82.2%)	45,990	39,942 (86.8%)	49,734	44,056 (88.6%)
Not Hispanic or Ethnicity Unknown								
White	84,388	59,463 (70.5%)	90,541	71,760 (79.3%)	91,736	75,988 (82.8%)	91,187	76,948 (84.4%)
Asian	5,485	3,437 (62.7%)	6,443	4,846 (75.2%)	6,676	5,451 (81.7%)	6,838	5,837 (85.4%)
Black	11,492	7,858 (68.4%)	12,159	9,565 (78.7%)	12,360	10,245 (82.9%)	12,310	10,504 (85.3%)
American Indian/Alaska Native	4,726	2,990 (63.3%)	4,805	3,297 (68.6%)	4,721	3,521 (74.6%)	4,486	3,737 (83.3%)
Hawaiian/Pacific Islander	2,870	1,683 (58.6%)	3,330	2,433 (73.1%)	3,545	2,692 (75.9%)	3,504	2,763 (78.9%)
More Than One Race	970	717 (73.9%)	1,660	1,328 (80.0%)	2,650	2,225 (84.0%)	4,648	4,060 (87.3%)
Other/Unknown	9,423	6,164 (65.4%)	11,401	8,688 (76.2%)	12,261	9,782 (79.8%)	11,311	9,177 (81.1%)
Total Medicaid	157,316	108,323 (68.9%)	173,023 (109.9%)	136,996 (79.2%)	179,939 (103.6%)	149,846 (83.3%)	184,018 (102.3%)	157,082 (85.4%)

Excludes claims for programs using state funds only.

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 continuously enrolled in Medicaid/CHIP (with a one-month gap allowed) during 2012, and, for ages 7-19, 2011.

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 for children 12 months to six years old, and during the measurement year and the year prior for children ages 7-19.

11 Chlamydia Screening in Young Women

Chlamydia is the most commonly reported bacterial sexually transmitted infection in the United States and is most common among sexually active young people. Chlamydia is readily treated with antibiotics. Because many people with chlamydial infection do not develop any symptoms, chlamydial infection often goes unnoticed. In women, untreated chlamydial infections can lead to serious health problems including pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy, and chronic pelvic pain. Screening asymptomatic individuals is necessary to identify infections and prevent the complications resulting from chlamydial infection.

Healthy People 2020 goals include increased Chlamydia screening among sexually active females aged 16 to 20 years and 21 to 24 years enrolled in Medicaid plans to 74.4% and 80%, respectively. According to the annual report on the quality of care for children in Medicaid and CHIP, the median rate of yearly chlamydia screening was 50% for women ages 16 to 20 years in FFY 2012. The NCQA reported that screening rates for women enrolled in Medicaid HMOs were 53.5% (16–20 year olds), 63.6 (21–24 year olds), and 57.1% (16–24 year olds). Possible barriers to annual screening rates include lack of patient awareness and social stigma about seeking or discussing screening (National Chlamydia Coalition 2010, Centers for Disease Control and Prevention 2011).

Measure Definition: Chlamydia Screening in Women

The percentage of women ages 16 to 20 that were identified as sexually active and had at least one test for Chlamydia during the measurement year.

Data Collection Method: administrative

- In 2013, less than half (41.8%) of Medicaid women ages 16 to 20 identified as sexually active had a chlamydia test, which was lower than the median rate of 50% among 35 states reporting the measure. Compared to women enrolled in managed care plans, women in fee-for-service had lower screening rates during 2010 to 2013. The screening rates for women in both managed care and fee-for-service had small fluctuations over the four year period.
- Among the five managed care plans, Molina had the highest rate of screening (45.3%). UHC had the lowest rate. In 2013, 33.7% of sexually active women ages 16-20 enrolled in UCP had Chlamydia screening test.
- African American women had the highest screening rate, 48.7%. The lowest rate of Chlamydia screening occurred among Asian women (29.0%, 2013). More than 40 percent (41.1%) of sexually active White women (16-20 years old) had at least one test for Chlamydia. Considering the substantial racial/ethnic disparities in rates of chlamydial infection, with prevalence among non-Hispanic blacks approximately five times the prevalence among non-Hispanic whites (Weinstock et al, 2000), the challenge remains to reduce the disease burden in the highest risk race/ethnicity group.

Table 11a. Chlamydia Screening for Washington State Women Ages 16 to 20 Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active By Managed Care Plan, 2010 to 2013

Medicaid Managed Care Plan	2010		2011		2012		2013	
	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total
Amerigroup Washington Inc			111	34.2%	189	40.6%		
Asuris NW Health Plan	20	40.0%	72	44.4%	28	28.6%		
Columbia United Providers	448	50.2%	721	44.5%	170	38.2%		
Community Health Plan of WA	2,474	42.6%	3,134	44.1%	3,962	45.3%	2,631	43.6%
Coordinated Care Corporation			341	42.8%	146	43.9%	658	43.9%
Group Health Cooperative	338	36.7%	333	18.9%	92	46.7%		
Kaiser Foundation Health Plan	11	0.0%	6	50.0%	5	20.0%		
Molina Healthcare of WA	3,726	45.9%	4,130	48.4%	5,278	43.7%	9,623	45.4%
Regence Blue Shield	493	43.4%	603	43.8%	212	50.5%		
UnitedHealthcare Community Plan			188	34.6%	65	33.7%	284	33.7%
Native Health PCCM (mult. agencies)	91	35.2%	89	44.9%	92	31.5%	203	42.9%
Medicaid Managed Care	7,601	44.3%	9,088	45.2%	10,479	43.9%	18,673	44.0%
Medicaid Fee for Service	5,861	33.7%	6,294	34.4%	5,876	31.3%	7,108	35.8%
Total	15,538	47.8%	17,632	48.3%	18,553	46.6%	25,781	41.8%

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, 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 11b. Chlamydia Screening for Washington State Women Ages 16 to 20 Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active

By Race/Ethnicity, 2010 to 2013

Medicaid Managed Care Plan	2010		2011		2012		2013	
	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total	Total Women	% of Screened for Chlamydia Total
Hispanic	2,082	52.6%	2,625	52.8%	3,200	50.4%	5,028	44.1%
Not Hispanic or Ethnicity Unknown	9,609	47.4%	10,848	47.6%	10,936	46.2%	15,079	41.1%
White	319	39.8%	366	33.1%	376	37.5%	514	29.0%
Asian	884	51.5%	1,038	51.3%	1,082	53.9%	1,586	48.7%
Black	519	51.6%	595	51.3%	550	45.6%	789	43.6%
American Indian/Alaska Native	230	39.6%	262	43.1%	318	43.4%	417	40.3%
Hawaiian/Pacific Islander	175	54.3%	262	55.7%	465	51.2%	1,021	43.8%
More Than One Race	1,720	42.8%	1,636	45.7%	1,626	38.7%	1,347	35.2%
Other/Unknown								
Total	15,538	47.8%	17,632	48.3%	18,553	46.6%	25,781	41.8%

Excludes children with eligibility for programs using state funds only. **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.

12 Human Papillomavirus Vaccine for Female Adolescents

Human papillomavirus (HPV) is a common sexually transmitted virus. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat cancer, and genital warts in both men and women. To prevent cancers caused by HPV infection, HPV vaccine is recommended by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), other medical societies, and the Centers for Disease Control and Prevention (CDC). The HPV vaccine is recommended for preteen boys and girls (11-12 years) so they are protected before being exposed to the virus. In addition, HPV vaccine administered to preteens produces a higher immune response compared to older adolescents.

In adult women, despite decreases in the incidence and death rates of cervical cancer due to cervical cancer screening (Pap smear), no screening for other HPV-related cancers is routinely performed. HPV vaccination can prevent not only cervical cancer but most other types of cancer related to HPV as well.

The *Healthy People 2020* goal is to increase the vaccination coverage level of three doses of HPV vaccine for females by age 13 to 15 years to 80.0%. According to a CDC report, during 2007 to 2013, vaccination coverage with at least one dose of any HPV vaccine for adolescent girls (13-17 years) increased significantly from 25.1% (2007) to 57.3% (2013). In 2013, 37.6% of adolescent girls (13-17 years) received three doses of HPV vaccine (CDC, 2014). HPV vaccination lags behind other vaccinations recommended for preteens and teens. In 2010, only one-third of teenage girls in the U.S. received all three doses of HPV vaccine, compared to around two-thirds who received the two other vaccinations aimed at adolescents (meningococcal vaccine and Tdap vaccine) (Stobbe 2011). The top five reasons for not vaccinating adolescent girls have been identified as lack of knowledge, perceived as not needed or necessary, safety concern/side effects, not recommended, and not sexually active (CDC, 2014).

Measure Definition: Human Papillomavirus (HPV) Vaccine for Female Adolescents

Percentage of female adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Data Collection Method: administrative

- Although 49.8% of Medicaid female adolescents received at least the first of the recommended three shots for HPV virus, only 16.0% received all three doses, well below the *Healthy People 2020* target. Because HPV vaccines offer the best protection to female adolescents who receive all three vaccine doses over six months, it is important that female adolescents get all three doses.
- The HPV vaccination rates for female adolescents in fee-for-service were less than half those for female adolescents enrolled in managed care plans. In 2013, 6.2% of female adolescents in fee-for-service received three doses of HPV vaccine, while 17.7% of female adolescents in managed care received three doses of HPV vaccine.

- The vaccination rates varied widely across managed care plans. Vaccination coverage with at least one dose of any HPV was highest for those enrolled in CHP (57.4%) and lowest for those enrolled in Native Health PCCM. The highest vaccination coverage with all three recommended doses occurred in CCC, and the lowest vaccination coverage occurred in Native Health PCCM.
- Hispanic women have the highest rates of cervical cancer in the United States. For every 100,000 women living in the U.S., about 11 Hispanic women are diagnosed with cervical cancer, compared to only seven non-Hispanic women. Female adolescents of Hispanic origin had the highest rates of receiving at least one HPV vaccination. In 2013, 65.5% of Hispanic female adolescents received at least one HPV vaccination, while 22.1% received three HPV vaccinations. American Indian/Alaska Native female adolescents had the lowest vaccination rates, with 34.7% having at least one vaccination and 10.3% having at least vaccinations in 2013.

**Table 12a. Human Papillomavirus (HPV) Vaccine for Female Adolescents Who Turned Thirteen in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday
By Managed Care Plan**

Percentage of female adolescents that turned 13 years of age during 2013
and had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Medicaid Managed Care Plan	TOTAL ELIGIBLE CHILDREN	Had at Least Three Vaccinations Age 9-13		Had at Least One Vaccination Age 9-13	
		N	% of Total	N	% of Total
Community Health Plan of Washington	4690	879	18.7%	2,694	57.4%
Coordinated Care Corporation	721	143	19.8%	386	53.5%
Molina Healthcare of Washington Inc	6943	1,227	17.7%	3,779	54.4%
UnitedHealthcare Community Plan	466	57	12.2%	207	44.4%
Native Health PCCM (multiple agencies)	97	3	3.1%	18	18.6%
Medicaid Managed Care	13,158	2,332	17.7%	7,170	54.5%
Medicaid Fee for Service	2,232	138	6.2%	494	22.1%
Total	15,390	2,470	16.0%	7,664	49.8%

**Table 12b. Human Papillomavirus (HPV) Vaccine for Female Adolescents Who Turned Thirteen in 2013
Children With Continuous Medicaid/CHIP Eligibility in the Twelve Months Prior to the Child's Thirteenth Birthday
By Race/Ethnicity**

TOTAL ELIGIBLE CHILDREN	Had at Least Three Vaccinations Age 9-13		Had at Least One Vaccination Age 9-13		
	N	% of Total	N	% of Total	
					Hispanic
Not Hispanic or Ethnicity Unknown					
White	7,483	989	13.2%	3,075	41.1%
Asian	588	169	28.7%	370	62.9%
Black	1,028	138	13.4%	558	54.3%
American Indian/Alaska Native	378	39	10.3%	131	34.7%
Hawaiian/Pacific Islander	327	47	14.4%	173	52.9%
More Than One Race	268	37	13.8%	142	53.0%
Other/Unknown	1,119	123	11.0%	464	41.5%
Total	15,390	2,470	16.0%	7,664	49.8%

Child 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 children with eligibility for programs using state funds only.

HPV vaccinations that may have occurred before age nine or after the 13th birthday are not included.

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, where known, was substituted as the race/ethnicity indicator (5.1% of children).

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