



2025 Comparative Analysis Report

Washington Apple Health

Washington State Health Care Authority

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Presented by:

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Seattle, WA

As Washington's Medicaid external quality review organization (EQRO), Comagine Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health integrated managed care programs.

Comagine Health prepared this report under contract K3866 with the Washington State Health Care Authority to conduct external quality review and quality improvement activities to meet 42 CFR §462 and 42 CFR §438, Managed Care, Subpart E, External Quality Review.

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Acronym List

Table 1. List of Acronyms with Definitions.

Acronym	Definition
ACA	Affordable Care Act
AH-BD	Apple Health Blind/Disabled
AH-IFC	Apple Health Integrated Foster Care
AH-IMC	Apple Health Integrated Managed Care
AH-BHSO	Behavioral Health Services Only
CAC	Community Advisory Council
CCW	Coordinated Care of Washington
CHIP	Children's Health Insurance Program
CHPW	Community Health Plan of Washington
CMS	Centers for Medicare & Medicaid Services
CV	Cardiovascular
CY	Calendar Year
DOC	Department of Corrections
DSHS	Department of Social and Health Services
ECDS	Electronic Clinical Data Systems
EQRO	External Quality Review Organization
FPL	Federal Poverty Level
FFS	Fee-for-Service
HCA	Health Care Authority
HCBS	Home and Community-Based Long-Term Services and Supports Use
HEDIS	Healthcare Effectiveness Data and Information Set
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MHW	Molina Healthcare of Washington
MLD	Member-Level Data
MY	Measurement Year
NCQA	National Committee for Quality Assurance
PEAR	Pro-Equity, Anti-Racism
PMCC	Performance Measures Coordinating Committee
RDA	Research and Data Analysis Division of the Washington Department of Social and Health Services
RSA	Regional Service Area
RUCA	Rural-Urban Commuting Area
SSI	Supplemental Security Income
SUD	Substance Use Disorder (SUD) Treatment Rate: Formally Substance Use Disorder Treatment Penetration (SUD)
TANF	Temporary Assistance to Needy Families
UHC	UnitedHealthcare Community Plan

Acronym	Definition
VBP	Value-Based Purchasing
WCV	Well-Care Visits
WLP	Wellpoint Washington, Inc.

Executive Summary

Objective

This executive summary presents the key findings from the 2025 Comparative Analysis Report for Washington State's Managed Care Organizations (MCOs). Comagine Health, serving as the State's contracted External Quality Review Organization (EQRO), conducted the analysis of MCO performance measures.

The summary highlights how the MCOs are performing and includes areas where improvement is needed. It is intended to give state agencies, MCO leaders, health care providers, policymakers and managed care enrollees a clear picture of overall system performance and to support ongoing efforts to improve the quality of care in the Washington Apple Health program.

Overview

Federal regulations at 42 CFR §438.330(c) require states to specify standard performance measures for MCOs to include in their comprehensive quality assurance and performance improvement programs. Each year, the MCOs must:

- Measure and report to the state the standard performance measures specified by the state;
- Submit specified data to the state which enables the state to calculate the standard performance measures; or
- A combination of these approaches.

Comagine Health has compared performance on quality and access measures for the 2021 through 2024 measurement periods. The analysis includes 61 HEDIS measures and 16 Washington specific measures for a total of 366 separate measure indicators. With HCA's approval, Comagine Health focused on the 37 highest priority measure indicators for analysis in this report rather than the full list of HEDIS and RDA measure indicators. These 37 measure indicators, which include six Washington measures, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

Summary of Analysis

The data show meaningful, statistically significant statewide improvements across several high-priority measures, with all MCOs demonstrating year-over-year progress despite continued performance variation. Notably, seven of ten Apple Health Integrated Managed Care (AH-IMC) Value Based Payment (VBP) measures improved significantly statewide, indicating that collective efforts by MCOs and partners are gaining traction. However, the Health Equity analysis mirrors prior years, showing persistent disparities across many groups and underscoring the need for continued, targeted equity-focused interventions.

Continued improvement in health care quality and access measures for the Apple Health population is essential because this group often faces greater medical, social and economic barriers to care. Enhancing quality and access helps prevent avoidable illness, reduces long-term costs, and supports better health outcomes for individuals who rely most heavily on the health care system. Strengthening these measures also promotes equity by ensuring that all Apple Health members receive timely, effective and culturally responsive care.

The summary of the 2025 Comparative Analysis (MY2023 to MY2024) performed by Comagine Health is outlined below.

Impact of Enrollment Declines

Apple Health enrollment in the AH-IMC and Integrated Foster Care (AH-IFC) programs declined over the last two years due to HCA resuming the federally required eligibility determinations following the COVID-19 public health emergency, also known as unwinding. The AH-IMC and AH-IFC populations declined by 10% and 11% between 2022 and 2023, respectively, due to this unwinding process. The unwinding continued through the spring of 2024, which contributed to the AH-IMC and AH-IFC populations declining by 5% and 6% between 2023 and 2024, respectively.

Although these decreases in enrollment are not as large as in the previous year, they can impact measure results as there may be an underlying shift in the demographics of the population. This may be especially true as it is likely that many of the Apple Health members whose coverage was terminated were working aged adults with less intense health care needs. As a result, care must be taken when interpreting year-over-year changes.

Statewide Statistically Significant Improvements

Figure 1 shows the MY2024 MCO statewide weighted averages for 20 measures.



Note about Figure 1: The middle column with the gray and teal bars shows the statewide rates for MY2024; the teal bars indicate VBP measures. The blue shading on the graph indicates the cut-offs for the national 50th, 75th and 90th percentiles. The arrows in the right columns show statistically significant changes in year-over-year performance for these measures. Arrows pointing down represent a statistically significant decrease; arrows pointing up represent a statistically significant increase.



Key Statewide Improvements for VBP Measures

Several VBP measures had statistically significant improvements on a statewide basis. The Breast Cancer Screening (BCS-E), Total and Child and Adolescent Well-Care Visits (WCV) for ages 3-11 Years showed statistically significant improvement over the last three years. In addition, the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total, Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total and Prenatal and Postpartum Care measures had statistically significant improvements between MY2023 and MY2024.

The statewide comparison of VBP measures shows encouraging progress, with several measures demonstrating statistically significant improvement as noted above, indicating that MCOs are prioritizing these outcomes. The following results highlight comparisons to national benchmarks:

- Although the Breast Cancer Screening (BCS-E) measure showed a statistically significant gain, the measure remains below the national 50th percentile. This signals that, despite improvement, breast cancer screening rates still lag behind national norms, suggesting continued barriers to preventive care access or engagement.
- Follow-Up after Hospitalization for Mental Illness (FUH) and Follow-Up After Emergency Department Visit for Substance Use (FUA) showed statistically significant increases, while the pediatric age bands did not. This highlights progress in adult behavioral health follow-up while revealing persistent gaps in pediatric behavioral health care—an area where early intervention is critical.

- Both the Timeliness of Prenatal Care and Postpartum Care measures are above the national 50th percentile. Strong performance here is meaningful because timely prenatal and postpartum care is directly linked to improved maternal and infant health outcomes, making these measures key indicators of system effectiveness.

On the other hand, both Antidepressant Medication Management (AMM) components showed no significant change and remain below the 50th percentile. This is important to note because it points to ongoing challenges in supporting individuals with depression through the full course of treatment, an area where poor performance can lead to relapse, worsening symptoms, and higher downstream costs.

HCA contracts with Coordinated Care of Washington (CCW) to provide services to the AH-IFC population. There were no statistically significant improvements for CCW on any of the measures except for the Child and Adolescent Well-Care Visits (WCV) measures; this improvement mirrors statewide results and indicates that improvements in well-care visits are happening system-wide rather than being isolated to one MCO. The Asthma Medication Ratio (AMR) Age 5-11 and Age 12-18 measures are now above the 75th percentile. This demonstrates strong performance in asthma medication management for children and adolescents, indicating effective care coordination and adherence strategies that could serve as models for other measures.

Among non-VBP measures, statistically significant increases were seen in the majority of measures. Notably:

- The Percent Homeless – Broad Definition (HOME-B), 6–64 Years measure showed consistent, statistically significant improvement between both MY2022–MY2023 and MY2023–MY2024, highlighting ongoing progress in identifying and addressing homelessness within the population. This suggests ongoing progress in recognizing and addressing social risk factors that directly influence health outcomes.
- The Initiation and Engagement of Substance Use Disorder Treatment (IET) measures—both the Initiation of SUD Treatment, Total and the Engagement of SUD Treatment, Total—showed statistically significant improvements, aligning with broader gains seen in SUD-related care. These gains align with broader system-wide efforts to strengthen access to and continuity of SUD-related services.
- For all three periods reported, there was a statistically significant improvement in performance for the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure. This reflects continued advancement in ensuring young children receive timely preventive care during critical developmental stages.

Statewide Statistically Significant Declines

While there were measures that showed improvements, there were also measures that demonstrated statistically significant declines between MY2023 and MY2024:

- Cervical Cancer Screening (CCS-E)
- Chlamydia Screening in Women (CHL), Total
- Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9%

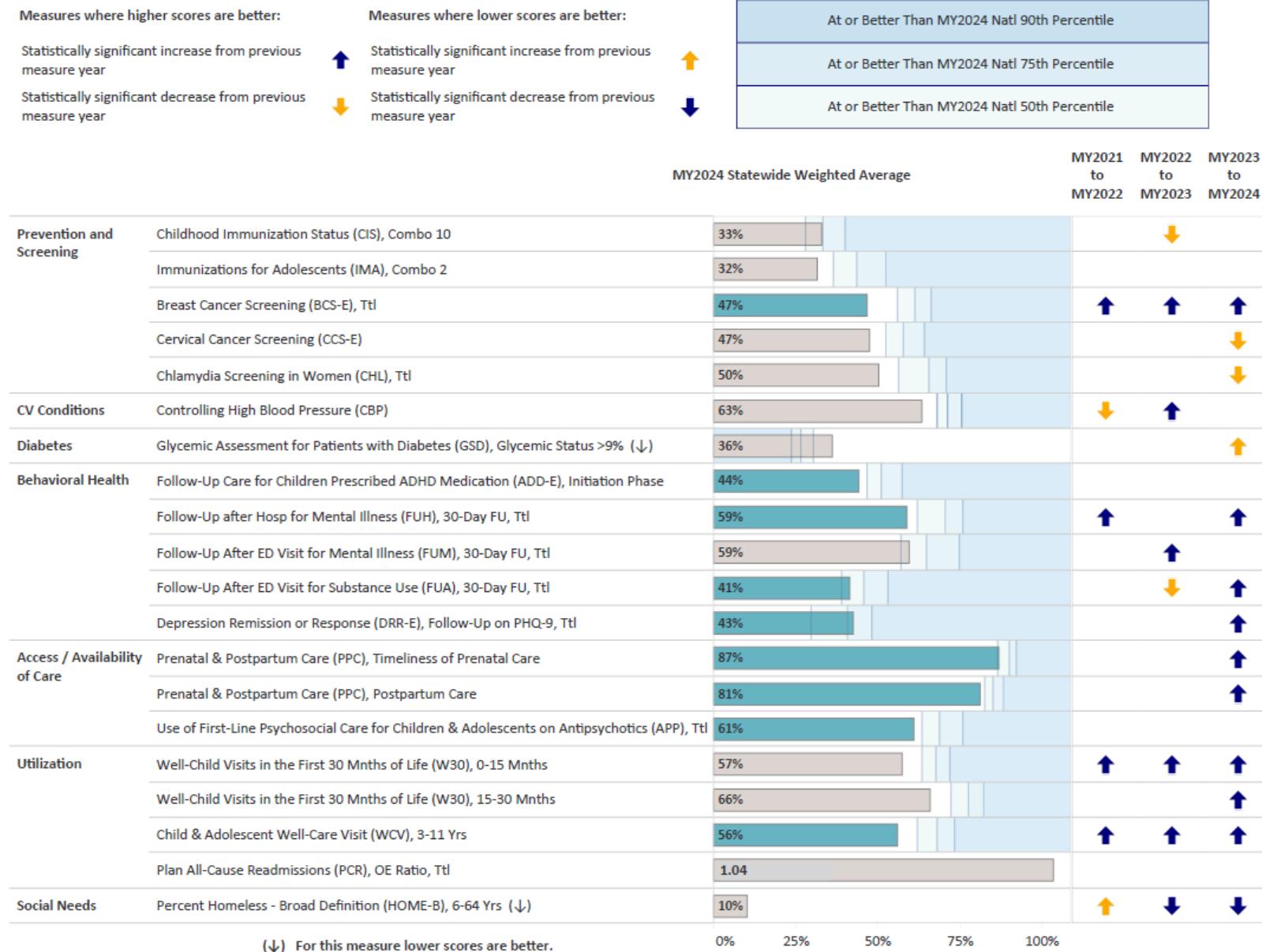


Statewide Significantly Significant Declines

There were no measures that had statistically significant declines over multiple years.

It is worth noting that the Asthma Medication Ratio (AMR) had statistically significant declines in improvement between MY2022 and MY2023 and now shows a statistically significant improvement between M2023 and MY2024.

Overall, the results highlight meaningful progress while pointing to persistent gaps in preventive care and chronic condition management. Areas such as Cervical Cancer Screening (CCS-E); Chlamydia Screening in Women (CHL), Total measures; and Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measures continued to require focused attention to require stronger, more equitable outcomes.

Figure 1. MY2024 MCO Statewide Weighted Average for 20 Measures.

MCO Variation

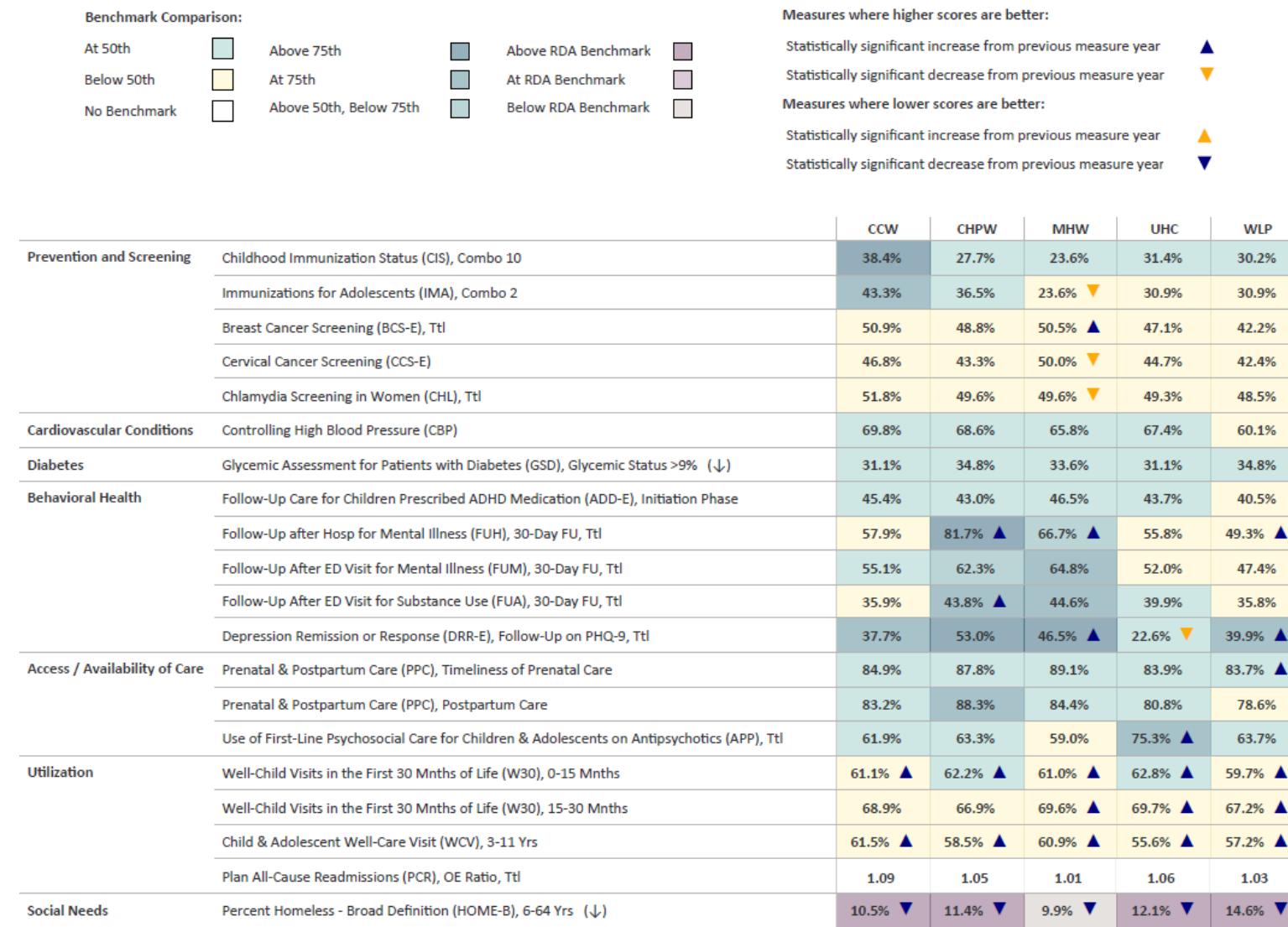
There is considerable variation among the five MCOs both in terms of year-over-year improvements and comparisons to benchmarks. This variation often exists even for those measures that show strong statewide improvement. Figure 2 provides information on how the MCOs compare to each other and to benchmarks.

The strongest variation in MCO performance can be seen with the Behavioral Health measures. These results highlight meaningful disparities in behavioral health outcomes and point to opportunities for targeted improvement efforts, particularly for organizations performing below national benchmarks.

There was some variation in MCO performance for both the Childhood Immunization Status (CIS), Combo 10 and the Immunizations for Adolescents (IMA), Combo 2 measures when compared to national benchmarks. This highlights potential challenges in maintaining vaccination coverage.

There is no variation for the Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measure; all MCOs are at the national 50th percentile. However, there is some variation for the Postpartum Care component for this measure, indicating differences in how effectively MCOs support members during the postpartum period. On a statewide basis, both of these measures had statistically significant improvements between MY2023 and MY2024 reflecting broader progress in maternal health access.

There was variation in the homeless rates reported across MCOs. It is important to note that the focus for MCOs for these measures is ensuring this vulnerable population has the necessary supports and that a lower or higher rate does not reflect on MCO performance. A higher rate of homelessness may also indicate an MCO has a population with a greater illness burden that could be reflected in other measures. Overall, these differences highlight the importance of understanding population needs when interpreting performance results and planning targeted interventions.

Figure 2. MCO Variation from MY2023 to MY2024.

(↓) For this measure lower scores are better.

Health Equity

Health equity remains a significant and persistent challenge for the Apple Health population, as reflected in the wide-ranging disparities across behavioral health, preventive care and screening, chronic disease management, access/availability of care and utilization, and social services. The two primary views of the health equity data are race/ethnicity and spoken language.



See [Figure 17a](#) and [Figure 17b](#) for measure results by race/ethnicity.

See [Figure 23a](#) and [Figure 23b](#) for measure results by spoken language.

Overall, the results reveal persistent disparities and performance gaps that require targeted attention to ensure more equitable and persistent outcomes. The patterns in these results show that access to and utilization of essential services vary sharply by race, ethnicity and language. The elevated rates of homelessness further underscore how structural inequities shape health outcomes beyond clinical care. Together, these findings highlight that the health disparities are not isolated to one domain but are woven throughout the health system, reinforcing the need for the targeted development of interventions to address the preventable differences in health outcomes and access to care that disproportionately affect certain groups, such as racial minorities, non-English speakers and those in rural areas.

The following are some high-level observations worth noting:

- Black members received statistically significantly fewer services related to the behavioral health measures, while white members received statistically significantly more services than members of other race/ethnicities.
- Asian and Hispanic members received statistically significantly more preventive care services than members of other race/ethnicities; white members received statistically significantly fewer services than members of other race/ethnicities. Analysis by language indicates that Spanish-speaking members show similar patterns to Hispanic members, performing better than English speakers on most preventive care measures.
- Hawaiian/Pacific Islander members received significantly fewer services related to both Timeliness of Prenatal Care and Postpartum Care for the Prenatal and Postpartum Care (PPC) measures than members of other race/ethnicities. Hispanic members received statistically significantly more services for these measures.
- Asian and Hispanic members had statistically significantly more services than members of other race/ethnicities for the well-child visit measures, which is similar to the result reported last year. Analysis by language shows a similar result for Spanish-speaking members as with Hispanic members, with better performance on these measures than English speakers.
- There was considerable variation in the measures related to homelessness. American Indian/Alaska Natives, Black and white members show statistically significantly higher rates of homelessness, highlighting deeper disparities in housing stability for those members. Conversely, Asian, Hawaiian/Pacific Islanders and Hispanic members consistently show significantly lower rates of homelessness.

MCO Observations

While there were some differences in MCO performance on individual measures compared to the 2024 Comparative Analysis Report, overall MCO performance relative to the state simple average remained largely

consistent with last year's results. Notably, all MCOs achieved statistically significant year-over-year improvements, with very few experiencing significant declines.

CCW

CCW is close to the state simple average for many of the measures. They were significantly above the state simple average for 12 of the 37 measures. This included many of the preventive care measures, especially for those related to the pediatric population. CCW was below the state simple average for eight of the 37 measures. There were year-over-year statistically significant improvements for nine measures, with only one measure that had a statistically significant decline.

See [Figure 51](#) for MCO measure performance.

CHPW

CHPW performed notably above the state simple average for several measures. They were significantly above the state simple average for 11 of the 37 measures; these included several behavioral health measures. CHPW was statistically significantly below the state average for 11 of the 37 measures. CHPW had several year-over-year improvements, with 14 of the 37 measures with a statistically significant improvement and only one measure with a statistically significant decline.

See [Figure 52](#) for MCO measure performance.

MHW

MHW performed at or above the statewide simple average for 27 of 37 measures and significantly better than the state average on 21 measures. In terms of year-over-year improvement, MHW's performance was also notable with 17 measures demonstrating statistically significant improvements and only four measures demonstrating a statistically significant decline in performance.

See [Figure 53](#) for MCO measure performance.

UHC

UHC performed statistically significantly well above the state simple average for six of the 37 measures; they performed significantly below the state simple average for 12 of the 37 measures. UHC also had statistically significant year-over-year improvements for eight of the 37 measures, with only one measure that had a statistically significant year-over-year decline.

See [Figure 54](#) for MCO measure performance.

WLP

WLP performed below the state simple average for 29 of the 37 measures and significantly worse than the statewide average on 14 measures. WLP had no measures that were significantly above the statewide simple

MCO and Regional Variation

Plan performance rates must be interpreted carefully. There are several potential sources of variation with the measures that must be considered, including a lack of risk adjustment, data availability and small denominators.

With that caveat in mind, there have been some intriguing statistically significant improvements that can be seen across the MCOs. Comparisons are made using the state simple average to mitigate the impact of plan size when comparing a particular plan's performance. For more details on data limitations and the calculation of the state simple average, please refer to the section titled "Calculation of the Washington Apple Health Average" in [Appendix D: Methodology](#).

There was variation between MCOs on the behavioral health measures, while not as much on the other sets of measures.

average. However, WLP demonstrated statistically significant improvement over their previous performance year for 11 of the 37 measures, with only one measure that had a statistically significant decline.

See [Figure 55](#) for MCO measure performance.

Regional Analysis

In previous reports, the conclusion from the regional analysis was that it appeared that MCO is a bigger driver in differences in performance than region. There was not considerable variation in a specific MCO's performance across regions; in other words, if an MCO performed well in one region, it tended to perform well in others.

This conclusion still holds for most regions. MHW still had strong performance in most regions. Conversely, WLP had weaker performance across several regions. However, in the Greater Columbia and North Central regions, MHW had weaker performance than other MCOs, with CCW and CHPW showing stronger performance in the Greater Columbia region, and CCW showing stronger performance in the North Central region.

Recommendations

To ensure continued progress the EQRO recommends the following actions to HCA:

Continue to Leverage Value Based Purchasing Incentives

- Continue to focus on the Value-Based Payment (VBP) incentive program.
- Continue statewide collaboratives focused on quality improvement efforts that minimize administrative burden.

Utilize VBP Incentives to Support Addressing Health Equity

- Continue work to identify appropriate community partners, including supporting MCO development of Community Advisory Councils (CACs).

Maintain Focus on Clinically Meaningful Areas

- Maintain a strong focus on behavioral health. Emphasize care coordination activities where MCOs can influence outcomes.
- Implement community-wide strategies aligned with statewide initiatives.
- Foster collaboration among MCOs, particularly higher-performing plans, to share and standardize effective strategies.
- Create or maintain structures that ensure continued MCO focus on prenatal and postpartum care.
- Continue efforts to improve childhood immunization rates.
- Continue inclusion of childhood immunization measures in the VBP measure set.
- Consider using local benchmarks for childhood immunization measures where appropriate.
- Consider publicizing vaccine availability under the state standing order.
- Collaborate with local health departments and community-based organizations to support vaccination events in areas with low rates.
- Continue partnerships that support vaccine access, including participation in the West Coast Health Alliance.

Focus on Access, Preventive Care and Utilization

- Ensure continued inclusion of the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure in the VBP set.

- Ensure MCO engagement in efforts to address primary care capacity, workforce challenges, and access limitations.
- Expand the Certified Community Behavioral Health Clinic (CCBHC) model to support behavioral health improvement.
- Continue supporting physical health screening and care coordination within behavioral health settings, including addressing payment and credentialing barriers.

Coordinate Cross-System Innovation

- Work with MCOs to monitor uptake of criminal justice measures and understand improvement strategies.
- Gather MCO feedback on potential inclusion of criminal justice metrics in the VBP measure set.

Introduction

Objective

The purpose of this report is to identify strengths and opportunities for improvement in the delivery of Medicaid services in Washington by examining variation in MCO performance across geographic, Medicaid program and demographic categories.

Overview

As part of its work as the EQRO for Washington State, Comagine Health reviewed Apple Health MCO performance on HEDIS measures for the calendar year 2024. Each Apple Health MCO is required to report results for HEDIS measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state's Medicaid enrollees. HCA requires MCOs to report on these measures and their specific indicators (for example, rates for specific age groups).

Comagine Health thoroughly reviewed each MCO's rates for HEDIS measures and associated indicators, and the Washington State measures. With HCA's approval, Comagine Health focused on the 37 highest priority measures for analysis in this report. These 37 measures, which include 31 HEDIS measures and six Washington State measures, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

Comparative Analysis in this Report

HEDIS measures are developed and maintained by the NCQA, whose database of HEDIS results for health plans — the Quality Compass — enables benchmarking against other Medicaid managed care health plans nationwide.

Many of these selected measures are also part of the Washington State Common Measure Set on Health Care Quality and Cost, a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing. The 2024 calendar year is referred to as the measurement year 2024 (MY2024) in this report to be consistent with NCQA methodology.

In addition to the HEDIS measures reported by the MCOs, Comagine Health also assessed MCO performance on several non-HEDIS measures that are calculated by the DSHS RDA. This year, Comagine Health is also including the Low-Risk Cesarean Section (LRCD) measure in the Comparative Report. This data for this measure is collected in HCA's First Steps database.

For further discussion on measures and the methodology utilized to report MCO performance, please see Appendix D: Methodology.

This report provides the following levels of analysis:

- Statewide performance compared to national benchmarks (when available)
- Individual MCO performance compared to national benchmarks (when available)
- Individual MCO performance for measures selected for value-based purchasing contracts
- Individual MCO performance by Apple Health program and eligibility category
- Health equity including comparisons by race/ethnicity, language, gender, and urban vs. rural
- Regional performance on select measures (not all measures provide a sufficient volume of data for regional analyses)

Significant and Significantly

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms “significant” or “significantly” are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the nine percent confidence intervals. This means that the reader can be 95% confident there is a real difference between two numbers, and that the differences are not due to chance.

Appendix A: MCO Comparison Results includes information on all performance measures, including comparisons to benchmarks.

Apple Health Integrated Managed Care

In 2024, almost two million Washingtonians were enrolled in Apple Health, with more than 86% enrolled in managed care.¹ This managed care population is served by five managed care organizations (MCOs):

- Coordinated Care of Washington (CCW)
- Community Health Plan of Washington (CHPW)
- Molina Healthcare of Washington (MHW)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Washington, Inc. (WLP)

Quality, Access and Timeliness of Health Care and Services

These MCOs are required to annually report the results of their performance on measures reflecting the levels of quality, timeliness and accessibility of health care services furnished to the state’s Medicaid enrollees. As part of its work as the external quality review organization (EQRO) for the Washington State Health Care Authority (HCA), Comagine Health reviewed MCO performance on Healthcare Effectiveness Data and Information Set (HEDIS®)² measures for the calendar year (CY) 2024. In addition to the HEDIS measures, this report also includes several non-HEDIS measures calculated by the Washington Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA), along with a measure calculated by the First Steps program.

This report illustrates the trends in managed care performance across the performance measure set, focusing on performance against benchmarks and year-over-year trends. This report is intended as a description of year-over-year performance at the state, regional and MCO levels.



Impact of COVID-19 on Performance Measurement

In March 2020, the State of Washington implemented a “Stay Home, Stay Healthy” order in response to the threat of COVID-19. This order included limiting health care facilities to emergency services for the months of March and April 2020 and delaying elective procedures and other non-urgent treatment until later in the year.

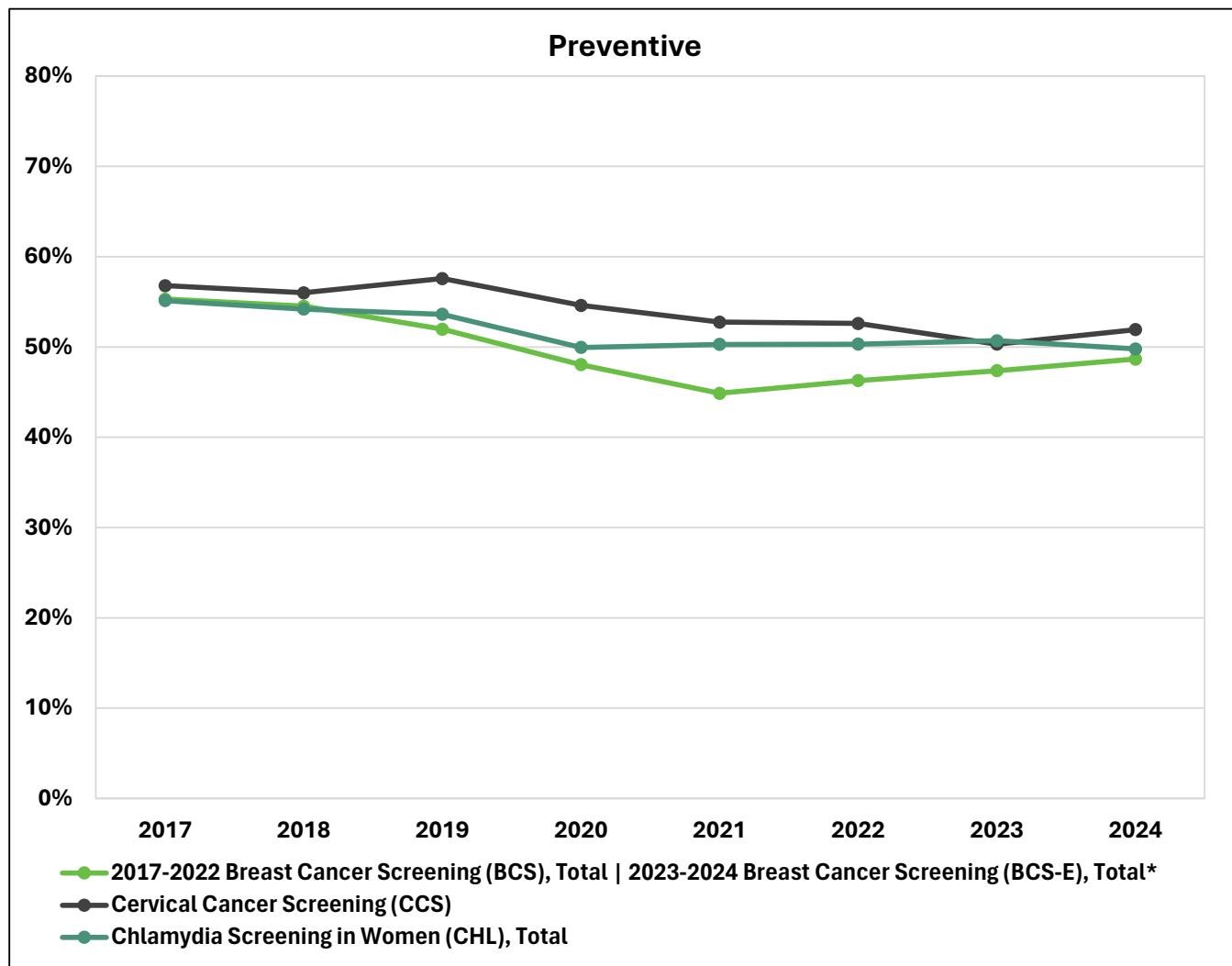
¹ Washington State Health Care Authority. [Apple Health Client Eligibility Dashboard](#).

² The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

Although the health care system has recovered from the direct impacts of the “Stay Home, Stay Healthy” order, health care utilization has not returned to pre-pandemic levels. The impact on Prevention and Screening and Access/Availability measures is illustrated in Figure 3 and Figure 4. This appears to be a sustained shift in utilization but that does not diminish the focus on improving these measure results.

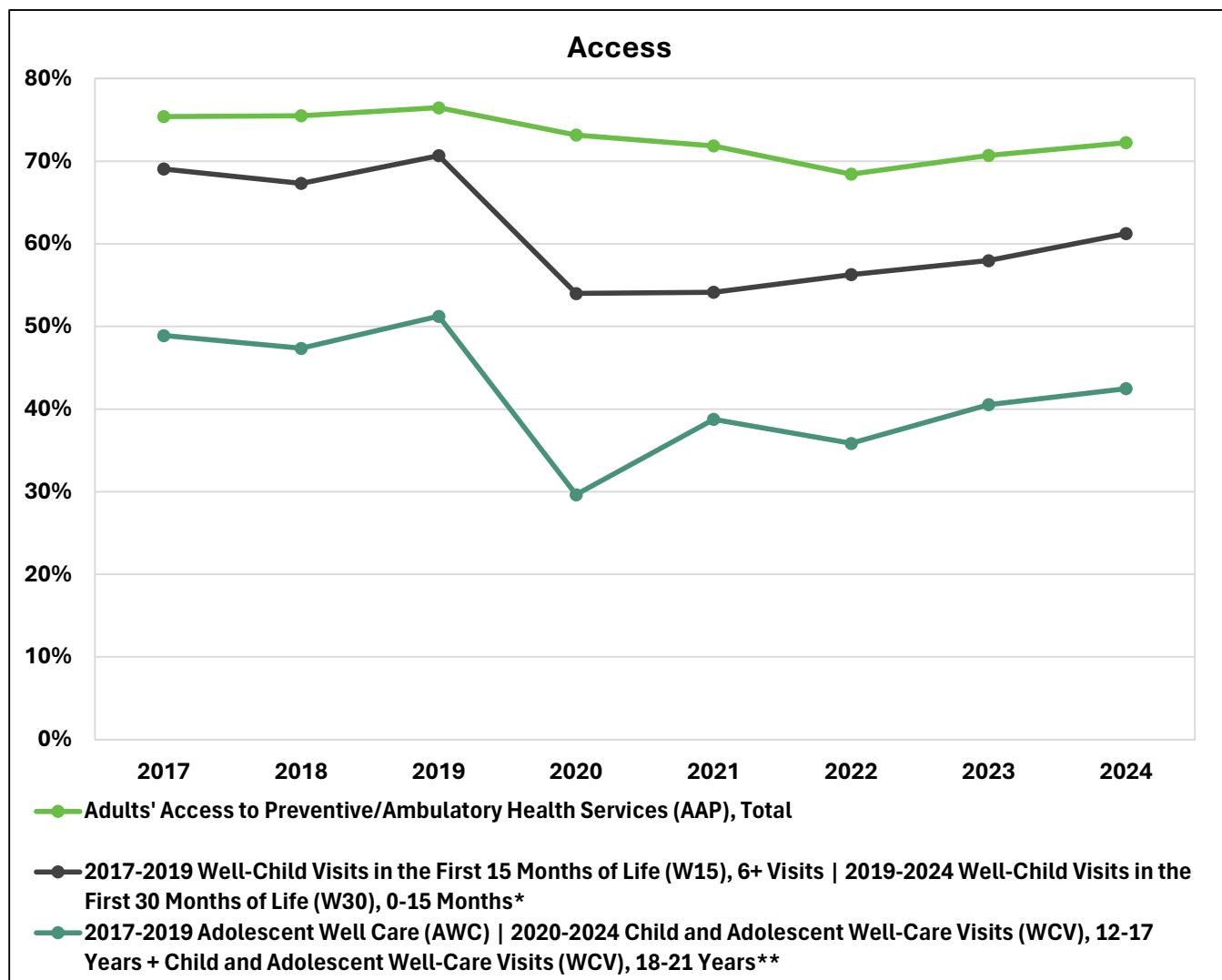
Many measures have not returned to their pre-pandemic performance. This appears to be a sustained shift in utilization but that does not diminish the focus on improving these measure results.

Figure 3. Impact of COVID-19 on Selected Prevention and Screening Measures, MY2017 through MY2024.



* The Electronic Clinical Data Systems (ECDS) version of the breast cancer screening measure replaced the original administrative measure in MY2023; data for MY2017 through MY2022 is for the administrative version of this measure.

Services not returning to pre-pandemic levels is particularly true for many of the preventive care and access measures. Other health care utilization may have decreased due to a lower incidence of flu and other respiratory illnesses during the pandemic, due to the adherence to masking and social distancing.

Figure 4. Impact of COVID-19 on Selected Access/Availability of Care Measures, MY2017 through MY2024.

* This measure replaced the Well-Child Visits in the First 15 Months of Life (W15), 6 or More Visits in MY2020. Data for MY2017-MY2019 is for the original measure.

** This measure replaced the Adolescent Well-Care Visits (AWC) in MY2020. Data for MY2017-MY2019 is for the original measure. Note that the Child and Adolescent Well-Care Visits (WCV) 12-17 Years and 18-21 Years indicators have been combined.

Washington Regional Service Areas (RSAs)

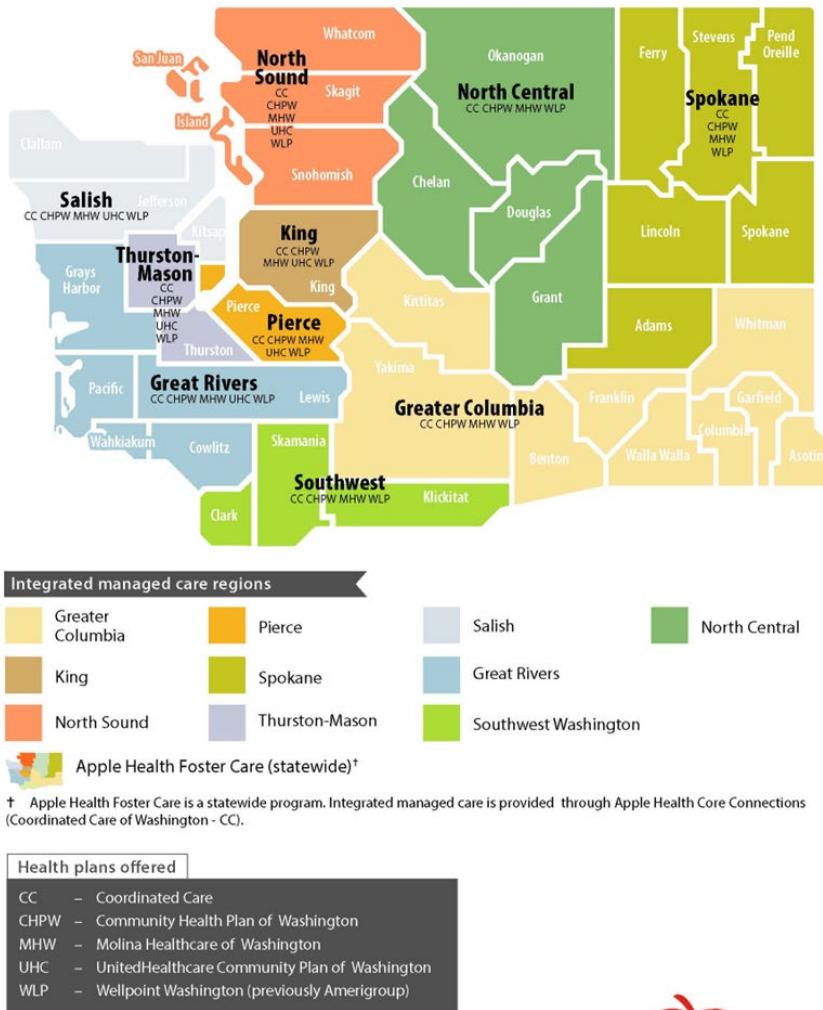
Figure 5 shows enrollment by Apple Health regional service areas (RSAs) by county which are as follows:

- **Great Rivers** includes Cowlitz, Grays Harbor, Lewis, Pacific and Wahkiakum counties
- **Greater Columbia** includes Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman and Yakima counties
- **King** includes King County
- **North Central** includes Chelan, Douglas, Grant and Okanogan counties
- **North Sound** includes Island, San Juan, Skagit, Snohomish and Whatcom counties
- **Pierce** includes Pierce County
- **Salish** includes Clallam, Jefferson and Kitsap counties
- **Southwest** includes Clark, Klickitat and Skamania counties
- **Spokane** includes Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties
- **Thurston-Mason** includes Mason and Thurston counties

Figure 5. Apple Health Regional Service Areas by County in 2025.³

Apple Health managed care

Service area map - January 2025



³ Apple Health Managed Care Service Area Map (January 2025). Provided by Washington Health Care Authority. Available here: https://www.hca.wa.gov/assets/free-or-low-cost/service_area_map.pdf.

Program and Strategic Context for Recommendations

Overview

The following sections provide background, context and justification for the recommendations listed in the Executive Summary. HCA is seeking opportunities to improve Apple Health program efficiency in response to state budget reductions and anticipated federal Medicaid funding cuts. At the same time, MCOs and providers are managing competing priorities during a period of high system stress.

These conditions underscore the need for recommendations that focus on high-value quality strategies that can be sustained despite fiscal and operational constraints.

HCA has made meaningful gains in many quality areas. The recommendations emphasize maintaining strategies that are already demonstrating improvement while targeting areas where progress is most needed.

Caution is needed when interpreting statistically significant changes as trends, particularly when improvement or decline is observed in a single year. Enrollment shifts and small sample sizes may contribute to normal variation. Trends sustained over three to five years are more likely to represent meaningful change. This reinforces the recommendation to sustain improvement efforts rather than prematurely removing measures from active focus.

Continue to Leverage Value-Based Purchasing Incentives

In alignment with the October 2022 Washington State Managed Care Quality Strategy ⁴, Comagine Health recommends continued emphasis on the VBP incentive program. MY2024 results indicate that the program is driving improvement.

Within the AH-IMC program, seven of ten VBP measures showed statistically significant statewide improvement between MY2023 and MY2024. Breast Cancer Screening (BCS-E) and Child and Adolescent Well-Care Visits (WCV), ages 3–11, improved across three consecutive measurement periods. These results support the recommendation to continue focusing on the VBP incentive program and maintaining statewide collaboratives that reinforce consistent improvement across MCOs.

To prevent backsliding, caution is warranted when measures are removed from active improvement status. The “sustained improvement” category supports ongoing performance maintenance and early identification of quality declines. This approach aligns with the recommendation to prioritize stability and long-term improvement over short-term gains.

Utilize VBP Incentives to Address Health Equity

Health equity analyses continue to show persistent disparities across multiple measures. These findings point to the need for targeted action to better understand root causes and develop effective responses. As part of the Pro-Equity Anti-Racism (PEAR) initiative, HCA is working toward a pro-equity and anti-racist culture, with health disparity reduction as a core component. Using findings from the Comparative Analysis Report, HCA’s VBP Health Equity Workgroup established criteria to guide selection of equity-focused measures, including demonstrated disparities, data availability, measure stability, and alignment with existing performance structures. Because CACs are still developing, three measures were recommended for consideration, focusing on

⁴ Washington State Healthcare Authority. Washington State Managed Care Quality Strategy. October 2022. Available at: <https://web.archive.org/web/20221223235822/https://www.hca.wa.gov/assets/program/13-0053-washington-state-managed-care-quality-strategy.pdf>

Breast Cancer Screening, Child and Adolescent Well-Care Visits, and Follow-Up After Hospitalization for Mental Illness for populations experiencing persistent disparities. The Child and Adolescent Well-Care Visits (WCV) measure for the Black population was selected as a VBP sub-measure for the MCOs in MY2026. The work has just begun to establish appropriate community partners to collaborate on these improvements. These findings directly support the recommendations to continue identifying appropriate community partners, support CAC development, and use VBP incentives to address persistent disparities.

Maintain Focus on Clinically Meaningful Areas

Behavioral Health

HCA selected the Depression Remission and Response (DRR-E) measure as a VBP measure for MY2024 because it reflects meaningful outcomes for patients with depression. Historically, reporting depression outcomes has been challenging due to reliance on PHQ-9 data extracted from electronic health records. Including DRR-E in VBP incentivizes plans and providers to strengthen these reporting capabilities.

This supports the recommendation to maintain a strong focus on behavioral health and to emphasize care coordination activities where MCOs can influence outcomes.

While adult behavioral health measures improved between MY2023 and MY2024, similar improvements were not observed among pediatric populations. Given increased mental health needs among children and adolescents, additional focus on pediatric behavioral health is warranted.

Workforce shortages, access limitations, and the ongoing opioid crisis continue to present challenges that require coordinated, community-wide approaches. This reinforces recommendations related to collaboration, care coordination, and expansion of the CCBHC model.

Prenatal and Postpartum Care

Statewide performance on Prenatal and Postpartum Care (PPC) measures improved between MY2023 and MY2024 after several years of stability. This may be an early indicator that efforts to improve performance in this area are becoming evident in the measures. Despite this progress, substantial opportunities for improvement remain, particularly in prenatal care delivery. These findings support the recommendation to create or maintain structures that ensure continued MCO focus on prenatal and postpartum care.

Childhood Immunizations

Childhood immunization remains a public health priority. Misinformation and inconsistent messaging continue to challenge improvement efforts. HCA has prioritized vaccines for children and adolescents through inclusion of immunization measures in the VBP program, though MCOs and providers report challenges in improving rates.

HCA's participation in efforts such as the West Coast Health Alliance⁵ supports continued vaccine access for providers and residents. This detail supports recommendations related to maintaining immunization measures in VBP, adjusting benchmarks, strengthening partnerships, and expanding outreach strategies.

Focus on Access, Preventive Care, and Utilization

Preventive care measures, including Breast Cancer Screenings (BCS-E) and Child and Adolescent Well-Care Visits (WCV), 3-11 Years measures have shown sustained improvement, though performance varies by age group.

⁵ Washington State Department of Health. "West Coast Health Alliance Announces Vaccine Recommendations for COVID-19, Flu, and RSV." Newsroom, September 17, 2025. Available at: <https://doh.wa.gov/newsroom/west-coast-health-alliance-announces-vaccine-recommendations-covid-19-flu-and-rsv>

Well-child visits support immunizations and early identification of developmental and behavioral health needs, reinforcing their importance within the VBP program. These findings support the recommendation to continue inclusion of WCV measure in the VBP set.

Continued engagement in initiatives addressing primary care capacity, workforce challenges, and access limitations remains essential. This includes participation in the Washington Primary Care Transformation Initiative, support of telehealth, patient engagement technology, and remote patient monitoring where appropriate, and support for models that extend the reach of provider including use of peers and community health workers where appropriate. This directly supports recommendations related to telehealth, workforce strategies and expanded care models.

Coordinate Cross-System Innovation

The criminal justice measures were developed to better understand how clients with behavioral health needs interact with the carceral system and whether they receive appropriate care. Improving performance will require coordination between the health care system and criminal justice system, ongoing dialogue with MCOs, and sharing of effective practices to support improved outcomes for justice-involved individuals. The measures which focus on appropriate follow-up for behavioral health needs for justice-involved individuals are within the control of the MCOs and have potential for high impact on the trajectories of these individuals and on system costs. This supports the recommendations to monitor uptake of these measures and gather MCO feedback on future inclusion in the VBP program.

Apple Health Statewide Performance

Comagine Health combined MCO performance to show how plans performed from MY2023 to MY2024 statewide. With HCA's approval, Comagine Health focused on the 37 highest priority measures for analysis in this report rather than the full list of HEDIS and RDA measures. These 37 measures, which include two of the five Washington behavioral health measures, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

Figure 6a and Figure 6b show the MY2023 statewide weighted average compared to the MY2024 statewide weighted average for the 37 measures.

Below are the highlights of this statewide comparison for the VBP measures. Several measures had statistically significant improvements, which suggests MCOs may be prioritizing VBP measures and taking steps to improve outcomes:

- Breast Cancer Screening (BCS-E) had a statistically significant increase for the three periods included in the figure. The measure is still below the national 50th percentile.
- After a statistically significant decline between MY2022 and MY2023, there was a statistically significant increase between MY2023 and MY2024 for the components of the Asthma Medication Ratio (AMR) Age 5-11 and Age 12-18 measures. Both measures are above the national 75th percentile.
- Both components of the Antidepressant Medication Management (AMM) measure have had statistically significant increases between MY2021 and MY2022, and between MY2022 and MY2023. There were no significant changes detected between MY2023 and MY2024. Both measures are below the national 50th percentile.
- There have been statistically significant improvements for the total components of the Follow-Up after Hospitalization for Mental Illness (FUH) and Follow-Up After Emergency Department Visit for Substance Use (FUA) measures. No statistically significant changes have been detected for the pediatric age bands for these measures.
- Both the Timeliness of Prenatal Care and Postpartum Care measures had statistically significant increases between MY2023 and MY2024 and are above the national 50th percentile.
- There was a statistically significant improvement for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years for the three measure periods included in the report. This has been selected as a VBP measure for the AH-IMC contract since the inception of the VBP program. The two components that are included in the AH-IFC contract (ages 12-17 and 18-21) had a statistically significant improvement between MY2022 and MY2023, and between MY2023 and MY2024.

Here are some highlights for non-VBP measures:

- There was a statistically significant improvement in the Lead Screening in Children (LSC) measure between MY2023 and MY2024.
- There was a statistically significant improvement in the Colorectal Cancer Screening (COL-E) between MY2022 and MY2023, and between MY2023 and MY2024.
- There was a statistically significant decline between MY2023 and MY2024 for both the Cervical Cancer Screening (CCS-E) and Chlamydia Screening in Women (CHL), Total measures.
- Similar to the pediatric age bands, there was a statistically significant decrease in the Asthma Medication Ratio (AMR), Total measure between MY2022 and MY2023, followed by a statistically significant increase between MY2023 and MY2024.

- There was a statistically significant decline in performance between MY2023 and MY2024 for the Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measure.
- There was a statistically significant improvement in performance between MY2023 and MY2024 for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total and Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total measures.
- For all three periods included in the figure, there was a statistically significant improvement in performance for the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure. For the Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months measure, there was a statistically significant improvement between MY2023 and MY2024.
- The Percent Homeless - Broad Definition (HOME-B), 6-64 Years measure improved statistically between MY2022 and MY2023, and between MY2023 and MY2024.

Note about the following chart: The middle column with the gray and teal bars shows the statewide rates for MY2024; the teal bars indicate VBP measures. The blue shading on the graph indicates the cut-offs for the national 50th, 75th and 90th percentiles. The arrows in the right columns show statistically significant changes in year-over-year performance for these measures. Arrows pointing down represent a statistically significant decrease; arrows pointing up represent a statistically significant increase.

Figure 6a. MY2024 MCO Statewide Weighted Average for 37 Measures.

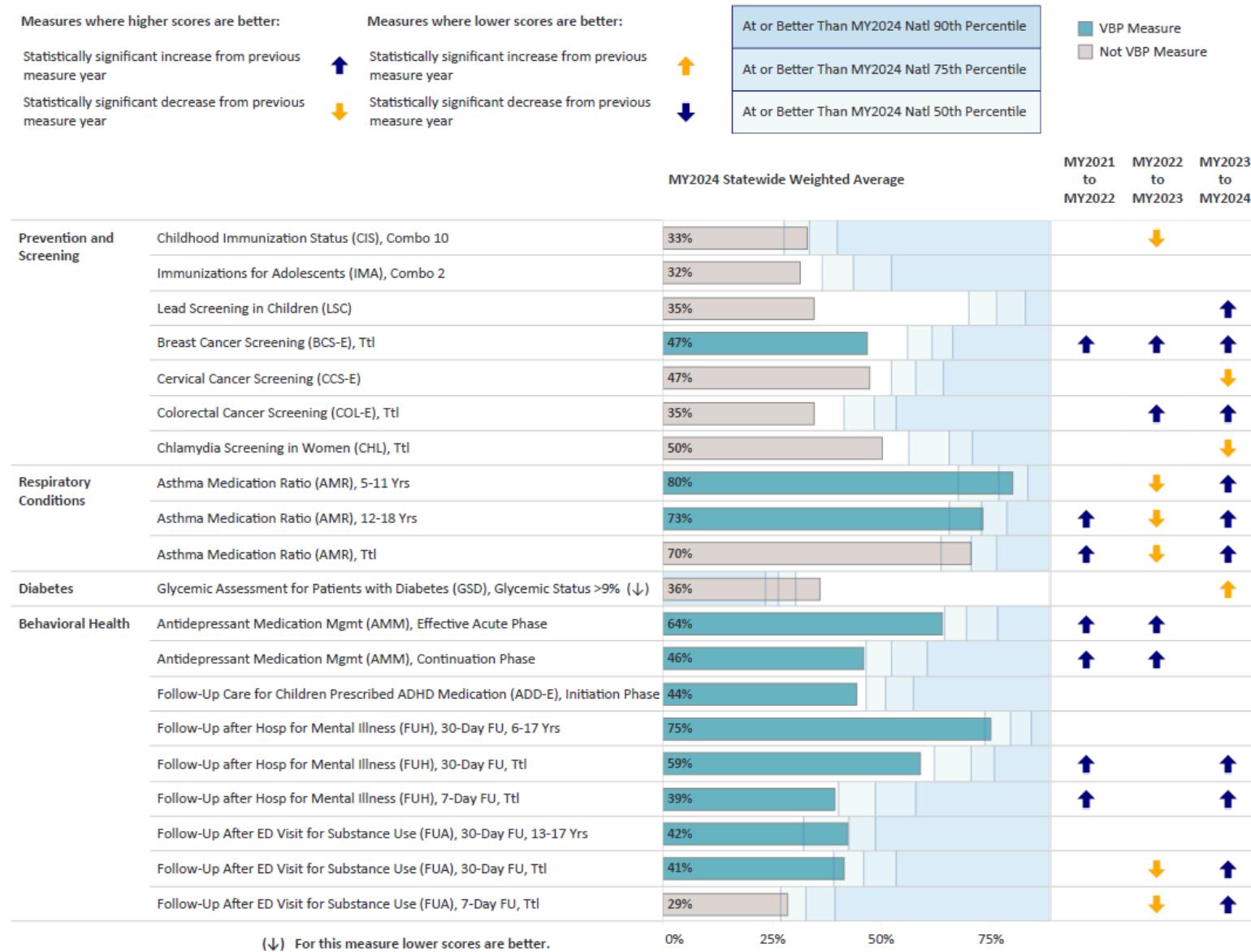
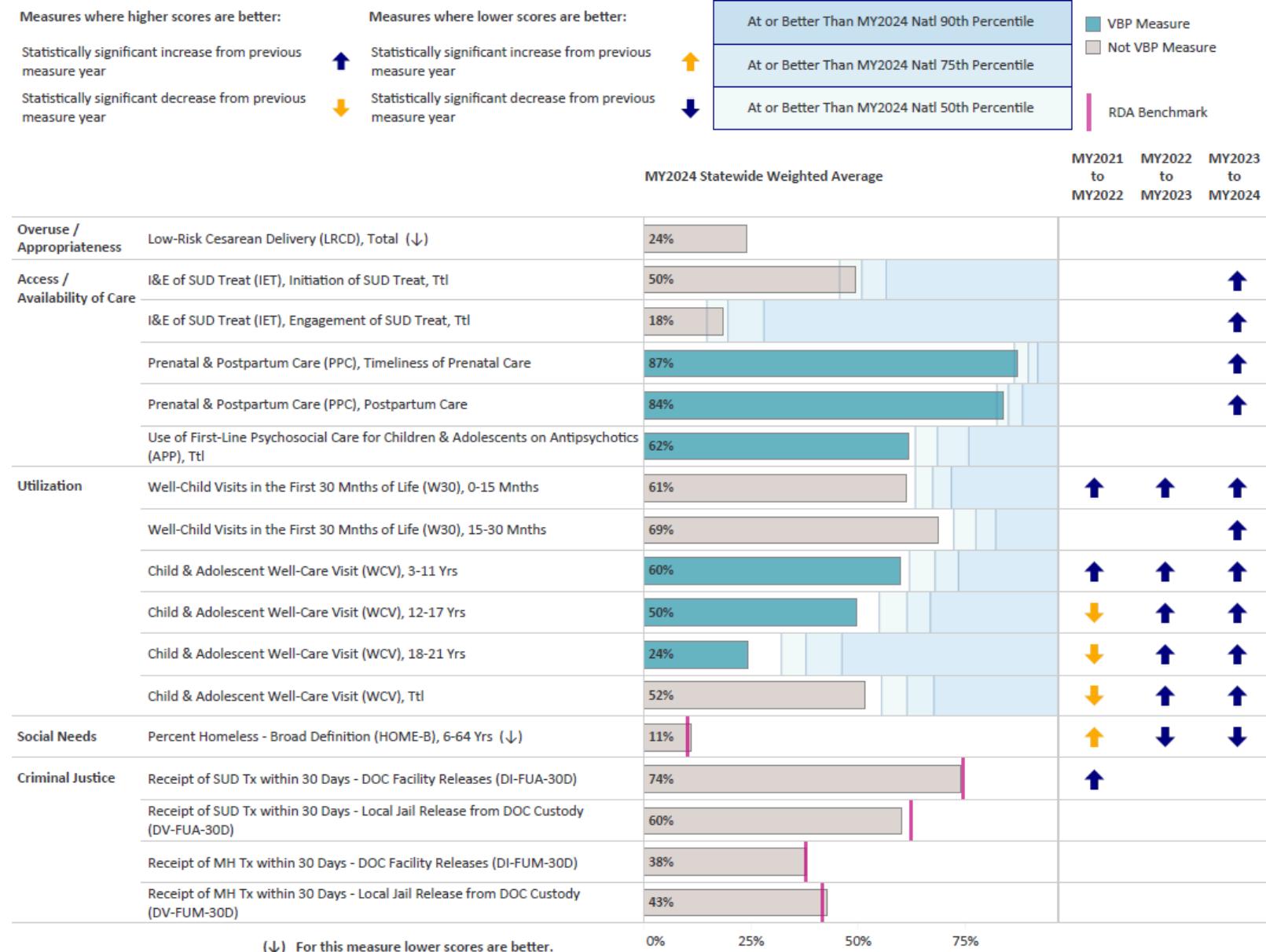


Figure 6b. MY2024 MCO Statewide Weighted Average for 37 Measures, Continued.

Apple Health Program Demographics

In Washington, Medicaid enrollees are covered by five MCOs through the following managed care programs:

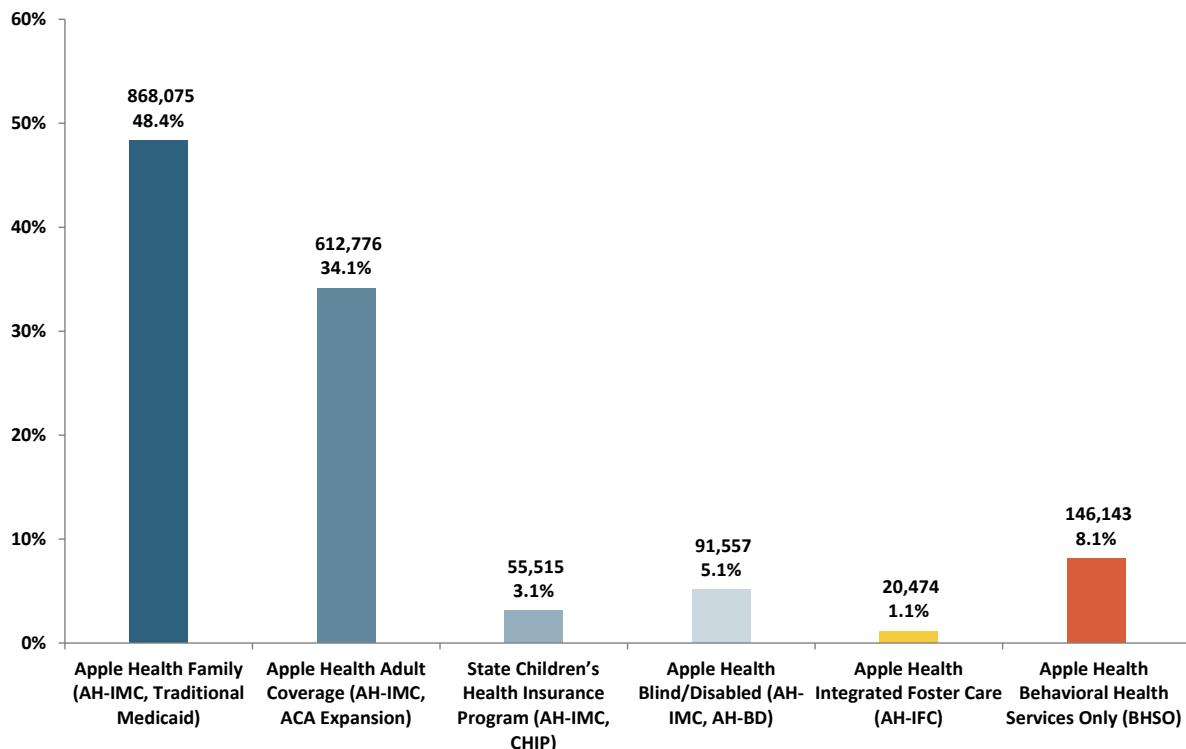
- **Apple Health Integrated Managed Care (AH-IMC)** – Integration of physical health, mental health and substance use disorder treatment services under one contract.
- **Apple Health Integrated Foster Care (AH-IFC)** – Statewide program for eligible children and youth, including:
 - < 21 Years old in the foster care program
 - < 21 Years old and receiving adoption support
 - Those 18–26 years of age who have aged out of the foster care program
- **Apple Health Behavioral Health Services Only (AH-BHSO)** – Program for members who are eligible for Apple Health but not eligible to be in an integrated managed care program, including the below:
 - Dual-eligible for Medicare and Medicaid
 - Medically Needy program
 - Individuals who have met their Medicaid spenddown

The AH-IMC program is further broken down into the following four Medicaid eligibility categories:

- **Apple Health Family** – Low-income programs for families, pregnant women and Temporary Assistance to Needy Families (TANF)
- **Apple Health Adult Coverage** – Low-income program for adults between 19 and 65 years old who are at or below the 138% federal poverty level (FPL). This expansion of coverage was introduced as part of the Affordable Care Act (ACA) in 2014
 - **Apple Health for Kids** – State Children's Health Insurance Program (CHIP)
 - Provides coverage for eligible children in households that are up to 250% FPL
 - The state also utilizes Medicaid CHIP funding to provide coverage with a monthly premium for children in households up to 312% FPL
- **Apple Health Blind/Disabled (AH-BD)** – Program for Supplemental Security Income (SSI)-related eligible members, including those who are currently receiving SSI

The different Medicaid programs and eligibility categories may impact the performance of the MCOs since the mix of enrollees will vary by each MCO. For instance, CCW is the sole MCO contracted for AH-IFC throughout the entire state. Additionally, MCO coverage varied by RSAs, which would also impact the mix of enrollees and the performance of each MCO as reported in this report.

Figure 7 shows enrollment by Apple Health Program. Note that the first four blue columns represent AH-IMC program enrollment by eligibility category. The majority of members were enrolled in the AH-IMC program, with 48.4% enrolled as Apple Health Family (traditional Medicaid) and 34.1% enrolled as Apple Health Adult (Medicaid expansion).

Figure 7. MY2024 Percent Enrollment by Apple Health Program and Eligibility Category.

Note: The first four columns (the AH-IMC programs) are shown in shades of blue.

Program Enrollment Decline

To protect people from losing health insurance during the COVID-19 pandemic, the Families First Coronavirus Response Act of 2020 offered states a temporary increase in federal matching funds for Medicaid in exchange for halting Medicaid disenrollment during the public health emergency. In the Consolidated Appropriations Act, 2023, the U.S. Congress ended this continuous enrollment condition, effective March 31, 2023, allowing states to resume Medicaid redetermination and terminate coverage for ineligible people. This process of ending the temporary rules and reinstating Medicaid redeterminations is called unwinding. States had 14 months to complete this unwinding process, and the enhanced federal matching funds were phased out by December 2023.

The Health Care Authority (HCA) and the DSHS maintained Apple Health (Medicaid) coverage during the COVID-19 public health emergency, unless clients:

- Moved out of state
- Did not meet the immigration and citizenship requirements
- Requested closure
- Passed away

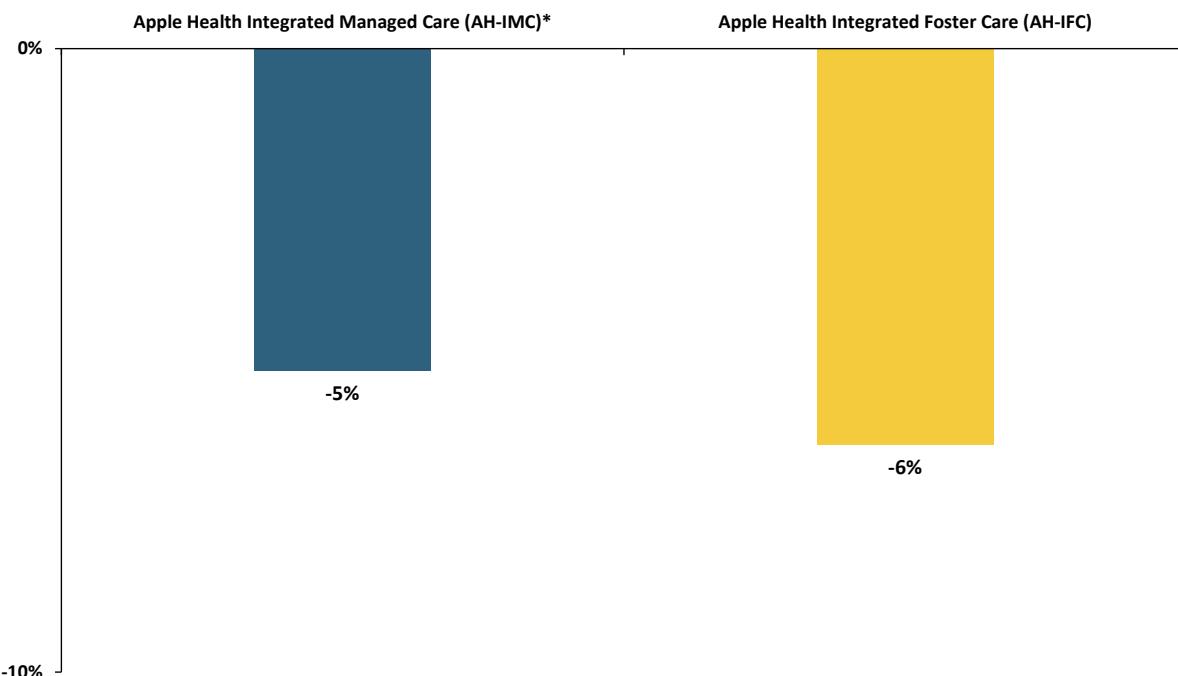
HCA and DSHS also changed certain rules to make it easier for people to apply for Apple Health and keep their coverage. HCA and DSHS started rolling back these temporary rules, leading to the reinstatement of renewals and eligibility reviews. Consequently, this resulted in the termination of some Apple Health coverage.

Apple Health enrollment in the AH-IMC and AH-IFC programs declined in calendar year 2024 due to HCA resuming eligibility determinations following the COVID-19 public health emergency, as part of the unwinding process.

Please note that large decreases in enrollment can impact measure results as there may be an underlying shift in the demographics of the population.

Figure 8 shows the decline in Apple Health enrollment by program. The overall decline between MY2023 and MY2024 was 5%. The AH-IMC population declined by 5% and the AH-IFC population declined 6% between MY2023 and MY2024. Note that between MY2022 and MY2023, the overall enrollment declined by 10%. This indicates that although enrollment declined in MY2024, it did not decline at the same rate as in MY2023.

Figure 8. Enrollment Decline by Program, MY2023 vs. MY2024.



Demographics by Program

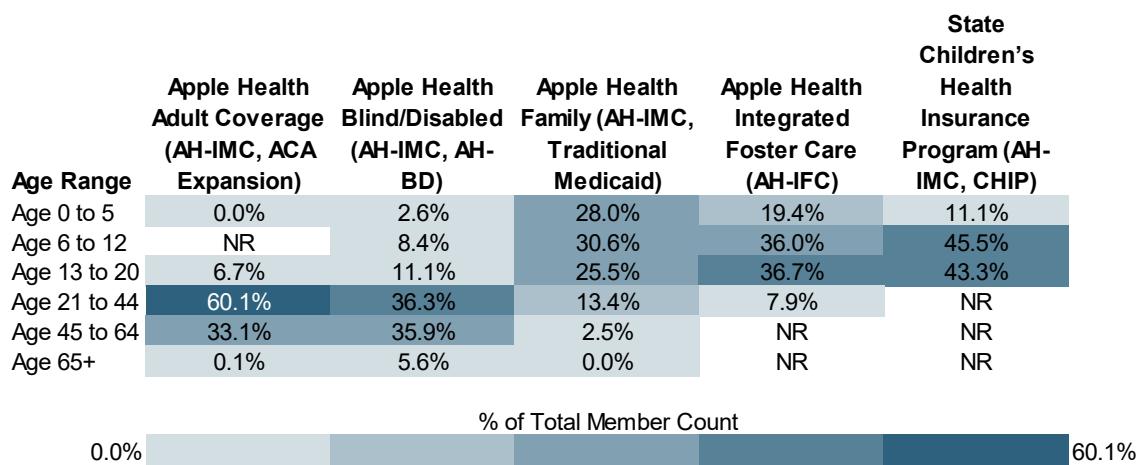
Medicaid enrollment demographics vary between programs and eligibility categories. This variation can affect the overall demographic mix of each MCO. It is important to consider this when comparing MCO performance by measure.

While this section of the report summarizes and compares MCO performance for certain HEDIS measures, it is crucial to recognize that the differences between the MCOs' member populations may impact MCO performance on different measures. Because of this variation, it is important to monitor performance at both the plan level, and at the plan and program level.

Age Range

Figure 9 shows the percentages of enrollment by age group and Apple Health program. In this chart and the following charts, the darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between. Blank, unshaded cells indicate the age group is not served by that program; for example, the state CHIP program covers only children and youth up to age 19.

Figure 9. Enrollee Population by Apple Health Program and Age Range, MY2024.



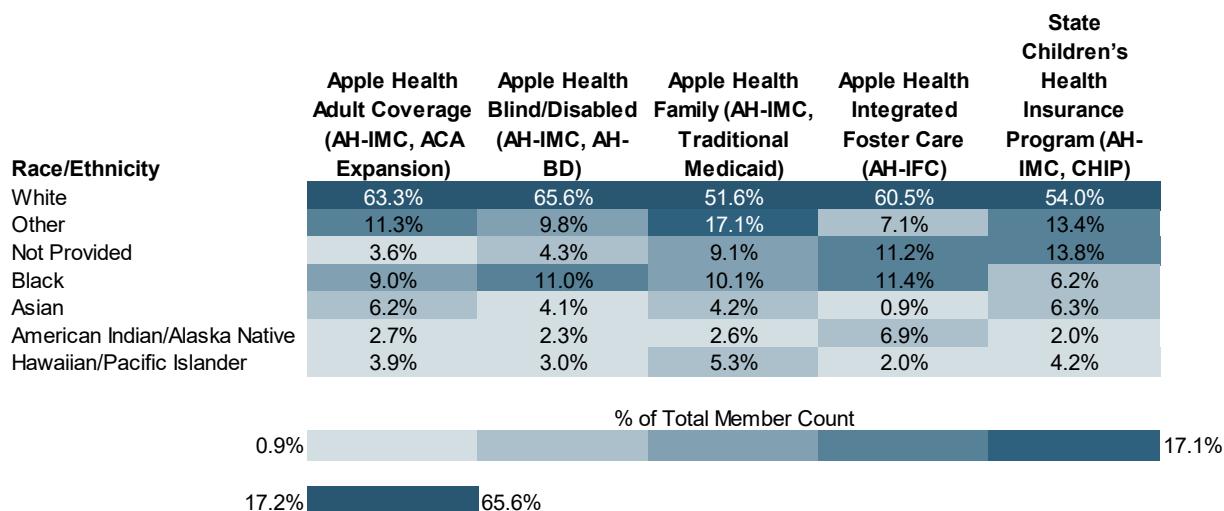
The average age of enrollees varies across programs and eligibility categories. Below are the age groups with greatest percentages of enrollees as seen in Figure 10:

- **Apple Health Adult (AH-IMC, ACA expansion):** 60.1% of enrollees were between the ages of 21 and 44
- **Apple Health Blind/Disabled (AH-IMC, AH-BD):** most were adults between the ages of 21 and 64
- **Apple Health Family (AH-IMC, Traditional Medicaid):** 84.1% of the enrollees were below the age of 21; 13.4% of enrollees were between the ages of 21 and 44; 2.5% of the enrollees were between the ages of 45 and 64
- **Apple Health Integrated Foster Care (AH-IFC):** most enrollees were youth and children under the age of 21; 7.9% were Foster Care alumni between the ages of 21 to 44
- **State Children's Health Insurance Program (AH-IMC, CHIP):** 45.5% were children between the ages 6 to 12, 43.3% were children aged 13 to 20, and 11.1% were children aged 0 to 5

Race and Ethnicity

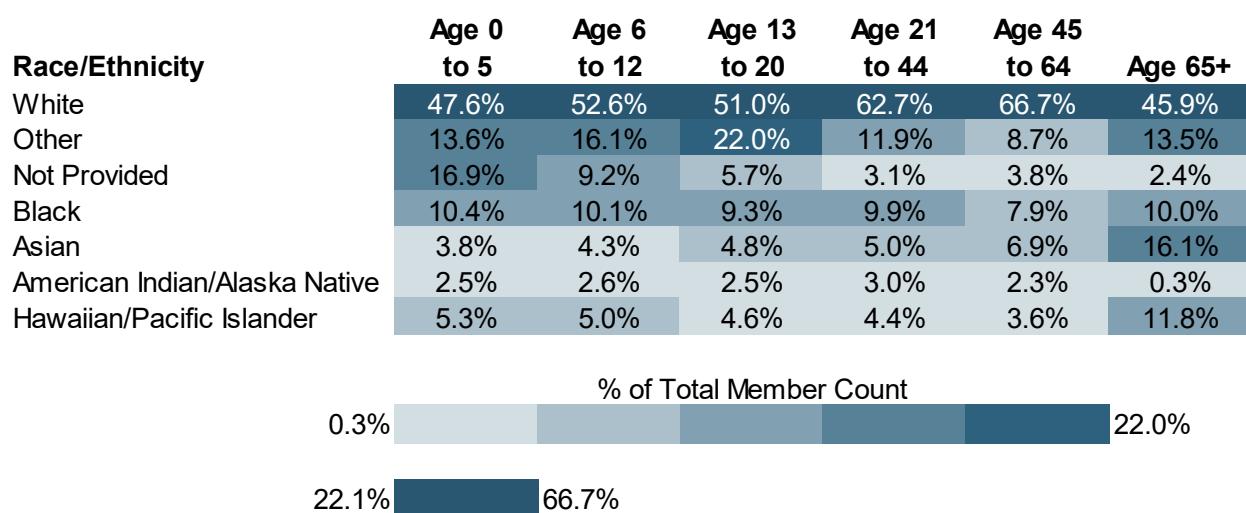
The race and ethnicity data presented here was provided by the members upon their enrollment in Apple Health. The members may choose “Other” if their race is not on the list defined in Medicaid eligibility application. The member may decline to provide the information, marked as “not provided.”

The shading in Figure 10 is different from similar charts in this report to better differentiate race/ethnicities other than white, which is highlighted in the darkest blue and represents the majority of individuals. Overall, the “other” and “not provided” categories were the next most common. Black members showed the most variation in enrollment by program.

Figure 10. Statewide Apple Health Enrollees by Program and Race/Ethnicity, MY2024.

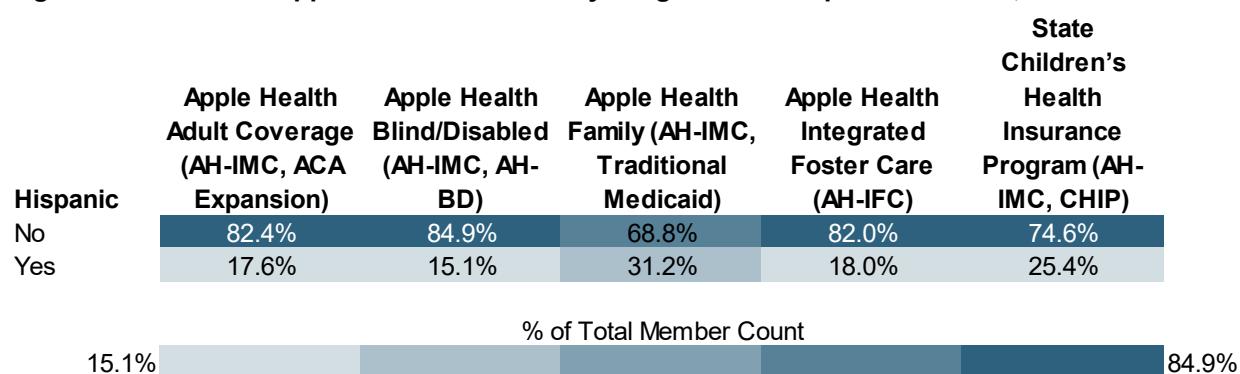
Note: These are the categories that HCA provided in Medicaid eligibility data files. The “Other” category indicates “client identified as a race other than those listed,” and the “Not Provided” category is defined as “client chose not to provide.” These two categories represent 21% of all enrollees.

Figure 11 shows Apple Health Enrollees by race/ethnicity and age. Adults between 45 to 64 years of age had the least diverse populations.

Figure 11. Statewide Apple Health Enrollees by Race/Ethnicity and Age, MY2024.

Note: These are the categories that HCA provided in Medicaid eligibility data files. The “Other” category indicates “client identified as a race other than those listed,” and the “Not Provided” category is defined as “client chose not to provide.” These two categories represent 21% of enrollees.

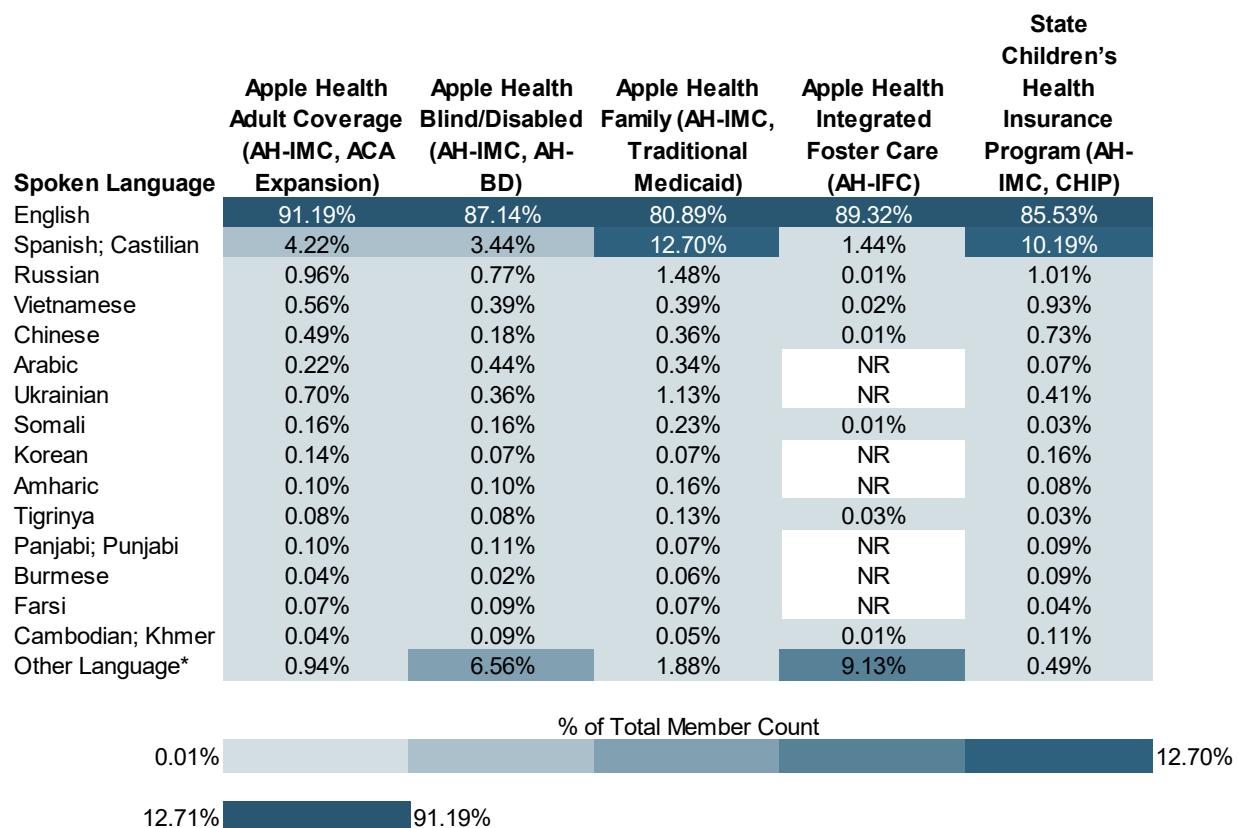
Figure 12 shows that most Apple Health Program enrollees are not Hispanic. The Apple Health Family (Traditional Medicaid) program has the largest percentage of Hispanic enrollees at 31.2%.

Figure 12. Statewide Apple Health Enrollees by Program and Hispanic Indicator, MY2024.

Language

Upon application for Medicaid eligibility, clients also provide information on their primary spoken language. According to Apple Health eligibility data, there are 80 separate spoken languages among approximately two million members. Many of these languages have very small numbers of speakers in the Apple Health population. The top 15 most common non-English languages are listed in this report (HCA provides Apple Health-related written materials in these same 15 languages).

Figure 13 shows the variation in primary spoken language by Apple Health enrollees, reflecting the 15 most common languages. Similar to the race chart, the shading in Figure 13 is different from similar charts in this report to better differentiate languages other than English. After English, Spanish; Castilian was the most common language across programs. Russian and Vietnamese were the third and fourth most common languages, depending on the program, but were still spoken by less than 2% of enrollees.

Figure 13. Statewide Apple Health Enrollees by Program and Spoken Language, MY2024.

*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees.

Note: blank, unshaded cells mean that those languages were not reported by clients enrolled in that program. A 0.00% indicates that there were a small number of enrollees in that category, but the percentage is too small to report.

Measure Performance by Apple Health Program and Eligibility Categories

Comagine Health stratified 31 of the 37 measures reported in Figure 14a and Figure 14b by Apple Health program and eligibility category to determine if there are statistically significant differences in measure results between them. The non-HEDIS measures were excluded because of lack of data availability by program. Because the different programs and eligibility categories serve different populations, this analysis can serve as a proxy for determining if there are health disparities that can be addressed. Appendix C: Measure Comparison by Apple Health Program, MY2024 includes this information for all measures that can be reported by program and eligibility category.

Figure 14a and Figure 14b list the statewide measure results by the Apple Health programs that serve adults. Note the Apple Health Integrated Foster Care program also serves adults between ages 18 and 26 but are not displayed in this table because the number of eligible members is too small. Measures that are specific to the pediatric population have also been removed from this view.

This chart reports the statewide weighted average for each measure, along with the MY2024 result for each Apple Health program. Upward triangles indicate a particular program or eligibility category performs better than the other eligibility categories. A downward triangle indicates a particular program or eligibility category performs worse than the other programs or eligibility categories. Note that the comparison is done across all programs including both children and adults.

Figure 14a. Statewide Measure Results by Apple Health Program Group, MY2024.

Measures where higher is better:		Measures where lower is better:		Adult Programs			Child Programs				MY2024 Statewide Weighted Average
Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10			NR	NR	NR	***	29.6% ▼	***	47.5% ▲	27.7%
	Immunizations for Adolescents (IMA), Combo 2			NR	NR	NR	22.0%	32.1%	33.5%	46.2% ▲	29.5%
	Lead Screening in Children (LSC)			NR	NR	NR	***	43.0% ▲	***	39.6%	41.9%
	Breast Cancer Screening (BCS-E), Ttl			50.5% ▲	43.2% ▼	47.6%	NR	NR	NR	NR	48.7%
	Cervical Cancer Screening (CCS-E)			45.6% ▼	42.2% ▼	52.7% ▲	NR	***	NR	41.6%	47.1%
	Colorectal Cancer Screening (COL-E), Ttl			36.8% ▼	40.1% ▲	35.2% ▼	NR	NR	NR	NR	37.4%
	Chlamydia Screening in Women (CHL), Ttl			54.7% ▲	40.6% ▼	63.7% ▲	24.3% ▼	39.1% ▼	32.8% ▼	52.5% ▲	49.8%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs			NR	NR	NR	76.9%	82.0%	87.2%	***	82.2%
	Asthma Medication Ratio (AMR), 12-18 Yrs			NR	***	NR	82.5%	77.4%	79.7%	***	77.8%
	Asthma Medication Ratio (AMR), Ttl			73.4% ▼	73.4%	68.0% ▼	79.5%	79.9% ▲	83.0% ▲	77.2%	75.2%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)			33.1%	30.8%	38.2%	NR	***	***	***	33.3%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase			66.9% ▲	65.2%	62.8% ▼	NR	54.6% ▼	***	57.5%	66.0%
	Antidepressant Medication Mgmt (AMM), Continuation Phase			49.2% ▲	49.5%	42.7% ▼	NR	30.0% ▼	***	36.7% ▼	48.0%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase			NR	NR	NR	43.7%	45.0%	45.7%	45.7%	45.1%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs			NR	***	NR	77.7%	77.7%	79.5%	75.0%	77.8%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl			58.7% ▼	65.9%	61.7%	77.7% ▲	77.2% ▲	79.7% ▲	70.7% ▲	64.0%

(↓) For this measure lower scores are better.

Figure 14b. Statewide Measure Results by Apple Health Program Group, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:		Adult Programs			Child Programs				MY2024 Statewide Weighted Average
				Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	39.3% 	45.7%	42.2%	59.2% 	56.2% 	54.3% 	45.3%	44.0%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	NR	***	NR	***	39.6% 	33.2%	54.5% 	41.6%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	39.8% 	50.6% 	42.5%	***	38.5%	37.2%	39.7%	41.5%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	26.8% 	35.5% 	31.0% 	***	27.3%	18.6%	26.6%	28.3%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	50.5% 	49.2%	50.2%	36.1% 	37.7% 	40.6% 	44.2% 	49.6%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	19.3% 	14.6% 	20.3% 	8.3% 	10.4% 	13.9%	10.9% 	18.4%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	89.5% 	91.7% 	82.5% 	***	76.5%	***	***	87.4%
	Prenatal & Postpartum Care (PPC), Postpartum Care	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	85.7% 	86.7%	80.2% 	***	85.2%	***	***	84.0%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	NR	NR	NR	39.1% 	63.6% 	63.7%	62.6%	61.7%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	NR	NR	NR	31.3% 	61.6% 	48.5% 	63.2%	61.2%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	***	NR	***	72.4%	68.2% 	82.2% 	83.0% 	68.9%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	58.2%	***	***	61.6% 	59.2% 	65.0% 	63.2% 	59.8%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	NR	NR	NR	51.0%	49.0% 	57.0% 	51.5% 	49.9%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	18.0% 	28.8% 	23.1%	NR	30.6% 	38.8% 	23.5%	24.1%
	Child & Adolescent Well-Care Visit (WCV), Ttl	Statistically significant higher rate than other programs	Statistically significant lower rate than other programs	18.1% 	28.8% 	23.3% 	56.6% 	54.0% 	59.5% 	54.2% 	51.6%

(↓) For this measure lower scores are better.

Analysis of Measure Performance by Apple Health Program

Prevention and Screening Measures

Performance on the preventive care measures varied across the different Apple Health populations. Here is a summary of the findings:

- The Apple Health Foster Care population performed statistically higher than other populations on the Childhood Immunization Status (CIS), Combo 10 and the Immunizations for Adolescents (IMA), Combo 2 measures.
- The Apple Health Family (Children) performed statistically higher than other populations on the Lead Screening in Children (LSC) measure.
- The Apple Health Adult Coverage (Newly Eligible) population had statistically significantly higher performance on Breast Cancer Screenings (BCS-E), while the Apple Health Blind/Disabled (Adult) population had statistically lower performance.
- The Apple Health Family (Adult) population performed significantly higher on Cervical Cancer Screening (CCS); enrollees in the Apple Health Adult Coverage (Newly Eligible) and Apple Health Blind/Disabled adults performed significantly lower.
- Apple Health Blind/Disabled (Adult) population performed statistically higher than other programs on the Colorectal Cancer Screening (COL-E), Total measure.
- The Apple Health Adult Coverage (Newly Eligible), Apple Health Family (Adults) and Apple Health Foster Care populations performed statistically higher on the Chlamydia Screening in Women (CHL), Total measure; all other populations performed statistically lower.

Chronic Diseases

- Programs that served children performed better than programs that served adults on Asthma Medication Ratio (AMR) measure.
- There were no statistically significant differences between programs detected for the Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measure.

Behavioral Health

Performance on the behavioral health measures was mixed, with each program performing both statistically significantly higher and lower on various measures.

- The Apple Health Adult Coverage (Newly Eligible) program performed statistically significantly higher than other programs for both Antidepressant Medication Management (AMM) measures. This program performed statistically significantly lower for several of the other behavioral health measures.
- The Apple Health Blind/Disabled (Adult) population performed statistically higher for the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up and the Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total measures.
- Apple Health Family (Adults) performed statistically significantly lower for both Antidepressant Medication Management (AMM) measures; with mixed results for a few of the other behavioral health measures.
- The programs for children performed statistically higher for the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up and the Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total measures.

Access and Availability of Care

Analysis of the overuse, appropriate use and access measures yielded the following observations:

- The Apple Health Adult Coverage (Newly Eligible) program performed statistically significantly higher than other programs for both the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total measure; all of the children's programs performed statistically worse than the adult populations.
- The Apple Health Adult Coverage (Newly Eligible) and Apple Health Family (Adults) programs performed statistically significantly better than other programs for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total measures; Apple Health Blind/Disabled (Adults) and all of the children's programs performed statistically lower than the adult populations.
- The Apple Health Adult Coverage (Newly Eligible) and Apple Health Blind/Disabled adult populations performed statistically significantly higher on the Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measure; the Apple Health Family (Adults) program performed statistically lower.
- The Apple Health Adult Coverage (Newly Eligible) performed statistically significantly higher on the Prenatal and Postpartum Care (PPC), Postpartum Care measure; the Apple Health Family (Adults) program performed statistically lower.
- Children enrolled in the Apple Health Family program performed statistically significantly higher on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure; children enrolled in the Apple Health Blind/Disabled program performed statistically lower.

Utilization

The Apple Health Family (SCHIP) and Apple Health Foster Care populations performed statistically higher than other populations on the majority of the well-child visit measures. There was some variation in performance among the other programs.

Value-Based Purchasing (VBP) Quality Measure Performance

In 2022, the Washington Legislature updated the budget proviso, ESSB 5693 Sec.211 (37)(2022), requiring Washington HCA's contracted EQRO to annually analyze the performance of Apple Health MCOs providing services to Medicaid enrollees. Specifically, MCOs will be assessed on a set of seven performance measures, including four shared measures reported by all plans and three measures unique to each of the five MCOs. The following year, HCA will evaluate the MCOs on their performance on these assigned measures and reimburse them according to their achievement level. Additionally, HCA uses the VBP performance measure evaluation as part of the evaluation of effectiveness for the Washington State Medicaid Quality Strategy.

The shared measures must be weighted toward having the potential to impact managed care costs and population health. Plan-specific measures must be chosen from the Washington State Common Measure Set, reflect areas where an MCO has shown poor performance, and be substantive and clinically meaningful in promoting health status.

HCA contracted with Comagine Health to assess MCO performance on the measures reported by each plan and to recommend a set of priority measures that meets the bill's specific criteria and best reflects the state's quality and value priorities — balancing cost and utilization — while ensuring quality care to clients. HCA then selected the final measure set and included the measures as VBP performance measures in the MCO contracts.

The measures included in this section of the report are the VBP performance measures included in the contracts for the 2024 performance period. In addition, the AH-IFC contract includes nine VBP measures that are included in this report. HCA has also contracted with Comagine Health for the evaluation of measure performance; this was submitted to HCA as a separate deliverable in September 2025.

During the 2023 legislative session, the requirement to select VBP metrics was removed from the budget proviso. HCA intends to continue the VBP program under the same basic structure.

The following charts (Figure 15a and Figure 15b) show the three-year trend (MY2022 through MY2024) in performance for these measures by MCO and for the statewide weighted average for each measure. In these charts:

- The blue shaded areas show the ranges for the 50th, 75th and 90th national percentiles for HEDIS measures; the shorter purple dashed line shows the MY2024 national 50th percentile.
- The solid purple line represents the benchmark for the RDA measures, set by the second-highest performing MCO from the previous year (MY2023). The arrows indicate statistically significant changes in the year-over-year performance of the measures (blue arrows indicate increases while yellow indicate decreases; see keys with each chart for more).
- Gray circles indicate there was no statistically significant change for that measure year.

VBP Performance – AH-IMC Measures

Figure 15a and Figure 15b show the VBP performance for the AH-IMC measures. Note the Antidepressant Medication Management (AMM) and Prenatal and Postpartum Care (PPC) measures have two measure indicators that are reported separately in the chart.

For many AH-IMC VBP measures, there were no statistically significant improvements at the MCO level, however, statewide results did show statistically significant gains. While several measures exhibited an upward trend, small denominators at the MCO level make it challenging to detect meaningful differences. The fact that

these improvements are evident statewide is a positive outcome, indicating that the collective efforts of MCOs to advance VBP measures are driving overall performance gains across the state.

Below are the results by measure:

- The Breast Cancer Screening (BSC-E) measure has shown statistically significant improvement for the three time periods included in this report. There were scattered statistical improvements at the MCO level, but the change does not appear to be driven by a particular MCO. All MCOs and the statewide average are well below the national 50th percentile, indicating there is still substantial opportunity to improve these measure results.
- The Antidepressant Medication Management (AMM) measure has improved substantially on a statewide basis from MY2021 to MY2022, and between MY2022 and MY2023. There was no statistically significant change detected between MY2023 and MY2024. CHPW was below the national 50th percentile; the remaining MCOs and the statewide benchmark are above the national 50th percentile in MY2024.
- There have been no statistically significant changes in the performance of the Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase measure. All MCOs and the statewide average are well below the national 50th percentile.
- There was some variation in the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total measure. CHPW performs well, with MY2024 measure results above the 90th percentile. MHW and the statewide average results were above the national 50th percentile. The three remaining MCOs were all below the 50th percentile on this measure.
- For the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total measure, CHPW, MHW, UHC and the statewide rate were above the national 50th percentile. CCW and WLP were below the national 50th percentile.
- There was variation on the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total measure. However, this variation is most likely due to differences in MCOs reporting capabilities for this ECDS measure and may not indicate true quality differences.
- On a statewide basis, both Prenatal and Postpartum Care (PPC) measures showed statistically significant improvement between MY2023 and MY2024. The statewide rate for the Postpartum Care measure is now above the national 90th percentile.
- There have been statistically significant improvements across all MCOs and the statewide basis for the Child and Adolescent Well-Care Visits (WCV), 3-11 Years measure. All MCOs and the statewide average are still below the national 50th percentile, indicating there is still substantial opportunity to improve these measure results.

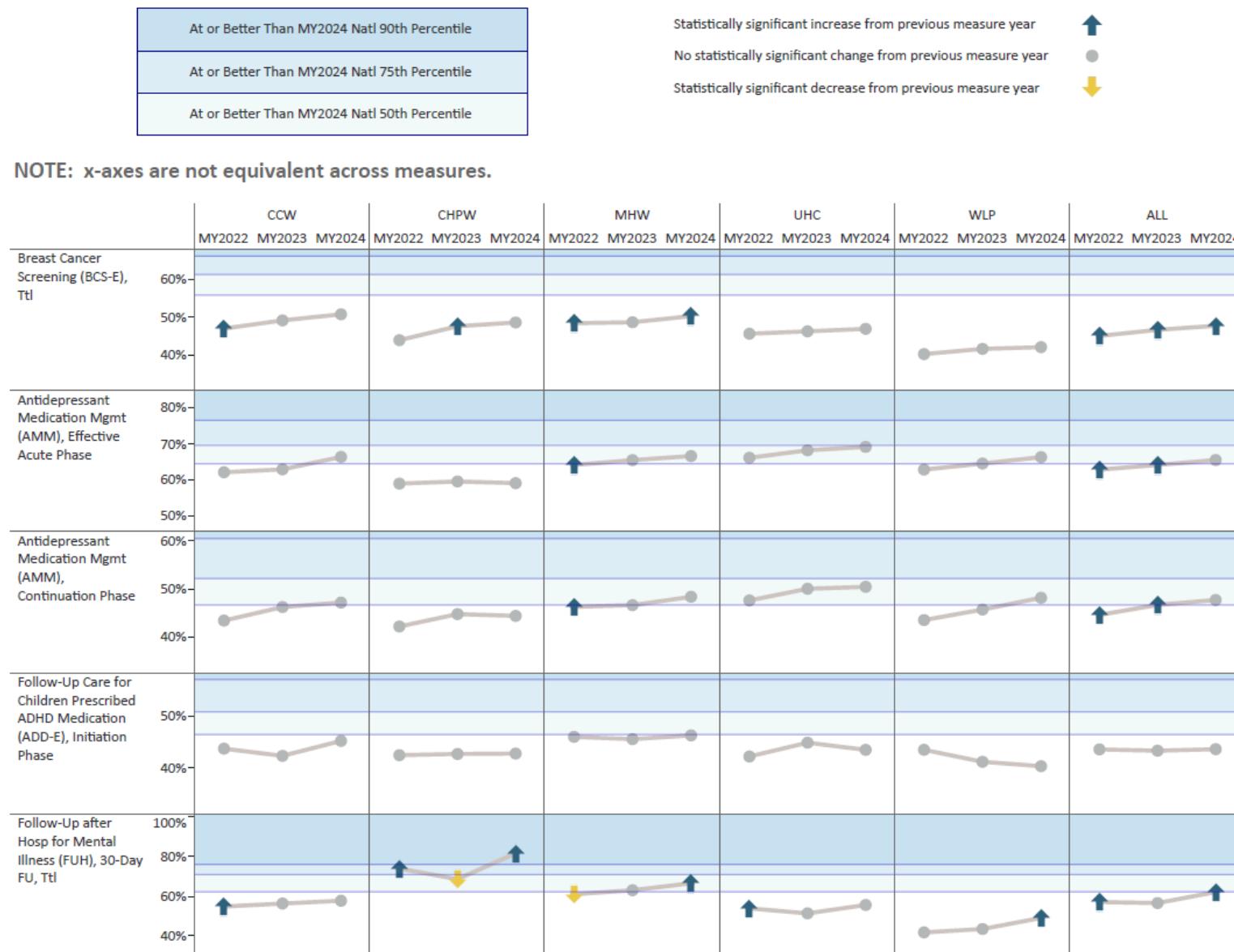
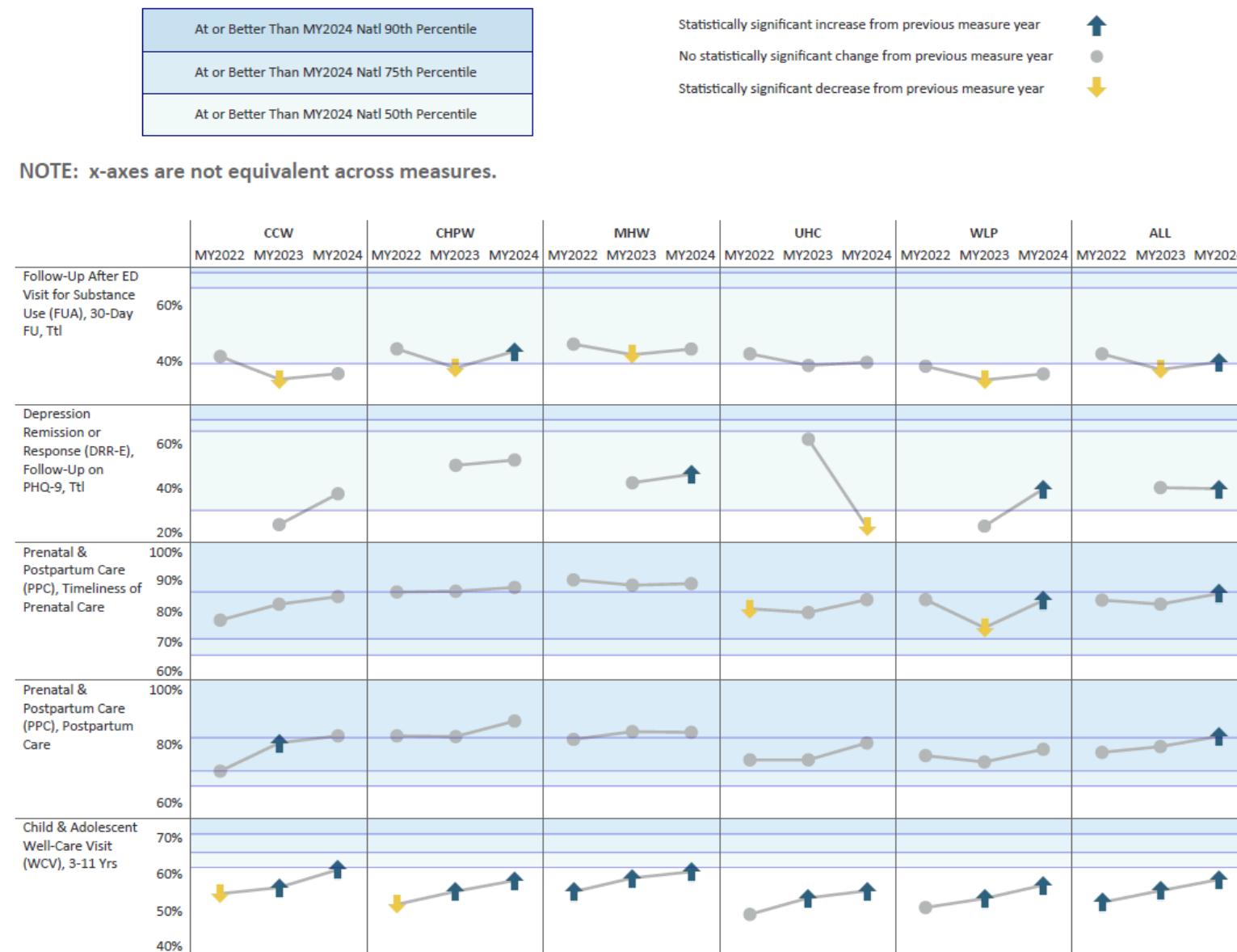
Figure 15a. VBP Performance for MY2022 through MY2024; AH-IMC Measures.

Figure 15b. VBP Performance for MY2022 through MY2024; AH-IMC Measures, Continued.



VBP Performance – AH-IFC Measures

Figure 16 shows the VBP performance for the AH-IFC measures. Note that CCW is exclusively contracted to provide services for the foster care population; therefore, the other MCOs are not included in this chart. CCW is evaluated using the measures it reports for its overall population.

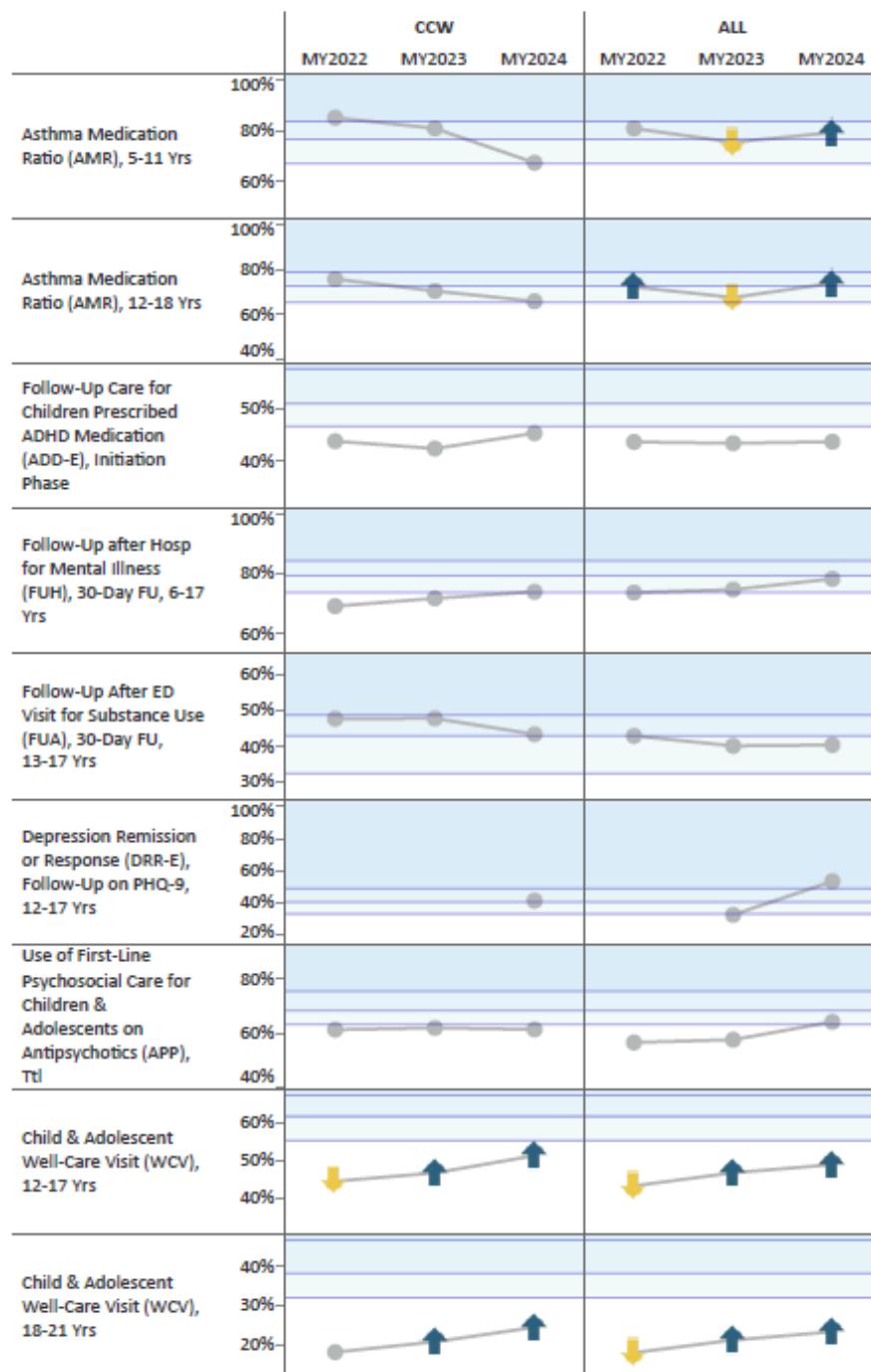
Findings

Below are observations from the AH-IFC measure analysis. (Note: these apply to CCW, as it is the sole provider of AH-IFC.)

- Both components of the Asthma Medication Ratio (AMR) appear to be declining, although no statistically significant changes have been detected. Both components remain above the national 50th percentile for MY2024.
- There were no statistically significant changes in the performance of the Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase measure. The rate was below the national 50th percentile for MY2024.
- There have been no statistically significant changes in the performance of the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years measure. The rate was above the national 50th percentile for MY2024.
- There have been no statistically significant changes in the performance of the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 13-17 Years measure. The rate was above the national 75th percentile for MY2024.
- CCW did not report a rate for the Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, 12-17 Years measure in MY2023. The MY2024 rate was at the national 75th percentile.
- There have been no statistically significant changes for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure. In MY2024, performance was below the national 50th percentile.
- Both Child and Adolescent Well-Care Visit (WCV) measures showed a statistically significant increase for the last two periods included in the report, mirroring statewide results. Both age bands were below the national 50th percentile.

Figure 16. VBP Performance for MY2022 through MY2024; AH-IFC Measures.

NOTE: x-axes are not equivalent across measures.



Health Equity Analysis

Monitoring health equity and equitable outcomes is essential and of increasing importance. Since the majority of Apple Health enrollees are associated with a vulnerable population, HCA values and continues to prioritize the identification and comprehension of health disparities to proactively address these gaps. The COVID-19 pandemic has added stress to the Medicaid system and revealed several important patterns in health disparities.

In 2022, Washington State, through the office of Governor Inslee, began evaluating areas for equity engagement work as part of the Pro-Equity, Anti-Racism (PEAR) Plan & Playbook. Through Executive Order 22-04, the Governor directed agencies to move forward with implementation. According to HCA, “The purpose of PEAR is to foster an environment that creates belonging and establishes a pro-equity and anti-racist culture for Health Care Authority (HCA) employees and the people we work with and serve.”⁶ PEAR is a state government wide initiative, in which health equity is one aspect. While this initiative will not impact the data in this report, it may be relevant to future external quality review reports.

These are some basic concepts of health equity:

- High quality health care is equitable. Care cannot be considered high quality if it is not equitable.
- A community includes ALL members. A healthy community is one that allows all members to grow to their full potential.
- Health equity is complex. Good health outcomes depend on many factors beyond just health care, such as environmental, social and economic factors.
- Health equity means treating the root causes, not just the symptoms.
- Health disparities lead to unhealthy communities which have far reaching and often unseen or overlooked ramifications.

Since performance measures are used to approximate population health and well-being, this section will further illuminate differences in measure results to identify potential health disparities. This section includes an analysis of statewide performance on all HEDIS measures by race, language, gender and urban versus rural geographic location.

Challenges of Small Numbers with Health Equity Data

A major challenge with this analysis is that denominators for some measures are very small once the data is stratified by various demographic categories and MCO. NCQA guidelines state that measure results should not be reported when the denominator includes fewer than 30 individuals. This ensures that individual identity is protected and that measure results are more stable. Note that 30 is still small for most statistical tests, and it is difficult to identify true statistical differences.

The issue with small denominators is particularly problematic for hybrid measures. Hybrid measure results are based on a sampling, which is typically around 400 members for each MCO. Once that data is stratified by the various demographic categories included in this analysis, the denominators often are too small for a reasonable analysis.

As an example, Table 2 illustrates the denominator size for the Prenatal and Postpartum Care (PPC), Timeless of Prenatal Care measure when stratified by spoken language. There are several languages with a denominator of

⁶ Washington Health Care Authority. Available at <https://www.hca.wa.gov/about-hca/who-we-are/health-equity>.

zero because there were no individuals who met the criteria for the measure who spoke that language (indicated by an NR) or where the denominator is less than 30 (indicated by “***”). English, Spanish; Castilian and “Other Language” are the only spoken languages with sufficient denominators to be included in an analysis by spoken language for this particular measure.

Table 2. Denominator Size by Spoken Language for Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care, MY2024.

Spoken Language	Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	
	Denominator [†]	Rate [‡]
Amharic	9	***
Arabic	7	***
Burmese	0	NR
Cambodian; Khmer	0	NR
Chinese	6	***
English	1,722	85.8%
Farsi	2	***
Korean	0	NR
Punjabi; Panjabi	0	NR
Russian	29	***
Somali	4	***
Spanish; Castilian	115	89.6%
Tigrinya	2	***
Ukrainian	24	***
Vietnamese	7	***
Other Language*	126	84.1%

*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees.

† Denominators of “0” indicate there were no individuals who met the criteria for that language and indicated by “NR”

‡ Denominator with less than 30 indicated by “***”

Comagine Health approached the health equity analysis by including as many categories as possible in comparison to detect statistically significant differences among groups. The statewide view of selected measures by race/ethnicity was fairly robust, allowing comparisons across most categories.

Comagine Health provided two separate analyses by language. The first compares English, Spanish; Castilian and all other languages for the 30 key HEDIS measures. The second compares performance across the 16 language categories listed in Table 2 for measures with at least 10 languages that had sufficient denominators for analysis.

Understanding the inequities described in this section and being able to identify other more subtle disparities will require new approaches and additional data sources. This is a topic of national interest and, as such, there is a growing body of experience from which to learn. Comagine Health will continue to explore innovative ways to analyze this data to address the important topic of health equity, including research, analysis and recommendations of mental health parity as a health equity issue.

Analysis by Race/Ethnicity

This section focuses on measure results stratified by race and ethnicity. Figure 17a and Figure 17b display the results of this analysis. The last columns display the statewide average; the results by race/ethnicity are to the left. Triangles pointing down indicate the measure results for a particular race are statistically significantly lower than the statewide average; triangles pointing up indicate the measure results are statistically significantly higher than the statewide average. Appendix B: Measure Comparison by Race, Ethnicity, Three-Year Trend contains this information for all measures with sufficient denominator sizes to report by race/ethnicity.

These charts illustrate the variation that can be seen by race. However, due to the small number of measures presented, caution should be taken to not over-interpret these results as a reflection on all health care received by members of each racial group.

It is worth noting that American Indian/Alaska Native members are allowed to choose whether to enroll in an MCO or to be served by the fee-for-service (FFS) delivery systems. As a result, Comagine Health does not have complete data for services provided to American Indian/Alaska Native members, therefore the denominators for their measures tend to also be small as a result.

Figure 17a. Statewide Variation in Rates by Race/Ethnicity, MY2024.*

		Measures where higher scores are better:		Measures where lower scores are better:							
		Statistically significant higher rate than other races/ethnicities	Statistically significant lower rate than other races/ethnicities	American Indian/Alaska Native	Asian	Black	Hawaiian/Pacific Islander	Hispanic	White	Not Provided/Other	MY2024 Statewide Weighted Average
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10	***	51.5%	21.3%	37.7%	33.7%	23.3%	32.5%		27.7%	
	Immunizations for Adolescents (IMA), Combo 2	20.0%	48.7%	27.1%	29.6%	44.3%	22.0%	34.7%		29.5%	
	Lead Screening in Children (LSC)	***	51.7%	41.8%	36.8%	53.5%	31.1%	38.6%		41.9%	
	Breast Cancer Screening (BCS-E), Ttl	43.7%	59.3%	42.7%	45.5%	60.2%	45.8%	49.5%		48.7%	
	Cervical Cancer Screening (CCS-E)	40.5%	53.1%	48.6%	41.7%	54.1%	45.1%	45.5%		47.1%	
	Colorectal Cancer Screening (COL-E), Ttl	31.1%	48.2%	34.2%	31.6%	42.6%	36.0%	38.3%		37.4%	
	Chlamydia Screening in Women (CHL), Ttl	51.0%	45.1%	55.7%	51.8%	53.0%	46.7%	46.5%		49.8%	
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs	***	77.5%	75.2%	78.5%	80.7%	85.7%	87.0%		82.2%	
	Asthma Medication Ratio (AMR), 12-18 Yrs	***	84.9%	69.9%	***	79.4%	79.5%	74.4%		77.8%	
	Asthma Medication Ratio (AMR), Ttl	71.9%	76.5%	69.5%	75.7%	76.5%	75.0%	80.0%		75.2%	
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)	45.7%	24.1%	33.2%	40.2%	33.7%	32.2%	36.7%		33.3%	
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	60.7%	67.0%	58.3%	68.2%	59.2%	68.2%	68.5%		66.0%	
	Antidepressant Medication Mgmt (AMM), Continuation Phase	43.8%	51.7%	38.2%	46.7%	40.0%	50.8%	49.5%		48.0%	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase	47.2%	39.1%	43.7%	43.3%	45.3%	45.2%	45.5%		45.1%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	79.2%	63.3%	75.7%	71.0%	79.0%	78.2%	77.5%		77.8%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	64.2%	59.2%	57.7%	61.1%	66.0%	65.4%	61.1%		64.0%	

(↓) For this measure lower scores are better.

*The “Not Provided” category means a member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment.

Figure 17b. Statewide Variation in Rates by Race/Ethnicity, MY2024, Continued.*

				Measures where higher scores are better:							
				Statistically significant higher rate than other races/ethnicities							
				Statistically significant lower rate than other races/ethnicities							
				Measures where lower scores are better:							
				Statistically significant higher rate than other races/ethnicities							
				Statistically significant lower rate than other races/ethnicities							
										MY2024 Statewide Weighted Average	
				American Indian/Alaska Native	Asian	Black	Hawaiian/Pacific Islander	Hispanic	White	Not Provided/Other	
Behavioral Health		Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl		45%	43%	39% ▼	42%	45%	45% ▲	42%	44%
		Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs		39%	***	40%	***	42%	45%	38%	42%
		Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl		39%	34% ▼	35% ▼	35%	35% ▼	45% ▲	40%	41%
		Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl		28%	22%	22% ▼	26%	24% ▼	31% ▲	27%	28%
Access/Availability of Care		I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl		50%	47%	48% ▼	49%	44% ▼	51% ▲	48% ▼	50%
		I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl		20%	16%	15% ▼	15% ▼	16% ▼	19% ▲	18%	18%
		Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care		76%	89%	89%	69% ▼	90% ▲	85%	87%	87%
		Prenatal & Postpartum Care (PPC), Postpartum Care		90%	89%	84%	70% ▼	87% ▲	81%	82%	84%
		Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl		71%	***	67%	***	60%	62%	53%	62%
Utilization		Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths		56%	69% ▲	57% ▼	53% ▼	66% ▲	60% ▼	59% ▼	61%
		Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths		69%	79% ▲	63% ▼	57% ▼	73% ▲	67% ▼	69%	69%
		Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs		56% ▼	65% ▲	56% ▼	49% ▼	66% ▲	57% ▼	60%	60%
		Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs		46% ▼	56% ▲	47% ▼	42% ▼	55% ▲	46% ▼	50%	50%
		Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs		17% ▼	31% ▲	23%	19% ▼	26% ▲	22% ▼	24%	24%
		Child & Adolescent Well-Care Visit (WCV), Ttl		47% ▼	56% ▲	49% ▼	43% ▼	56% ▲	48% ▼	53% ▲	52%
Social Needs		Percent Homeless - Broad Definition (HOME-B), 6-64 Yrs (↓)		19% ▲	5% ▼	17% ▲	10% ▼	7% ▼	14% ▲	6% ▼	11%

(↓) For this measure lower scores are better.

*The “Not Provided” category means a member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment.

Measure Results by Race/Ethnicity

Below are some noteworthy observations of the statewide results by race/ethnicity categories.

- For all Prevention and Screening measures, Hispanic members received statistically significantly more services than members of other races/ethnicities. Asian members also receive significantly more services for most of the Prevention and Screening services.
- Asian members received statistically significantly more services than members of other race/ethnicities for most of the Prevention and Screening measures. The exception was Chlamydia Screening in Women (CHL), Total where Asians received statistically significantly fewer services than other races/ethnicities and the Lead Screening in Children (LSC) measure where no statistically significant differences were detected.
- American Indian/Alaska Native and Hawaiian/Pacific Islanders received statistically significantly fewer services for Breast Cancer Screenings (BCS-E), Cervical Cancer Screenings (CCS-E), and Colorectal Cancer Screenings (COL-E), Total than members of other races/ethnicities.
- Black members received significantly fewer services for Breast Cancer Screenings (BCS-E) and Colorectal Cancer Screenings (COL-E), Total. They received statistically significantly more services for Cervical Cancer Screenings (CCS-E) and Chlamydia Screening in Women (CHL), Total than members of other races/ethnicities.
- White members received statistically significantly fewer services for all Prevention and Screening measures than members of other race/ethnicities.
- For the Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measure, Asian members had a statistically significantly lower percentage of people with diabetes who were in poor control of their HbA1c. There were no statistically significant differences detected for members of other races/ethnicities.
- For both Antidepressant Medication Management (AMM) measures, American Indian/Alaska Natives, Black and Hispanic members received statistically significantly fewer services than members of other races/ethnicities; white members received statistically significantly more services.
- Black members received statistically significantly fewer services related to both Total indicators of the Follow-Up after Hospitalization for Mental Illness (FUH) measures. White members received statistically significantly more services than members of other races/ethnicities for these measures. Asian members were statistically significantly lower than other members for the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years measure; there were no other statistically significant differences detected for other members for the pediatric age bands for these measures.
- Black and Hispanic members received statistically significantly fewer services related to the Total indicators for the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures, while white members received statistically significantly more services than members of other races/ethnicities for these measures. There were no statistically significant differences detected for the pediatric age band.
- For the Initiation and Engagement of Substance Use Disorder Treatment (IET), White members receive significantly more services than members of other races/ethnicities; Blacks, Hawaiian/Pacific Islander and Hispanic members receive significantly fewer services for the Engagement indicator.
- Hawaiian/Pacific Islander members received significantly fewer services related for both the Timeliness of Prenatal Care and Postpartum Care and the Prenatal and Postpartum Care (PPC) measures than members of other races/ethnicities. Hispanic members received statistically significantly more services than members of other races/ethnicities for both measures.

- Asian and Hispanic members received statistically significantly more services than members of other races/ethnicities for all well-child visit measures, similar to the result reported last year.
- There was considerable variation in the Percent Homeless - Broad Definition (HOME-B), 6-64 Years measures. American Indian/Alaskan Natives, Black and white members show statistically higher rates of homelessness, reflecting deeper disparities for those members in housing stability. In contrast, Asian, Hawaiian/Pacific Islander and Hispanic members are consistently shown to experience homelessness at significantly lower rates. These results are identical to the results reported in the 2024 Comparative Analysis Report.

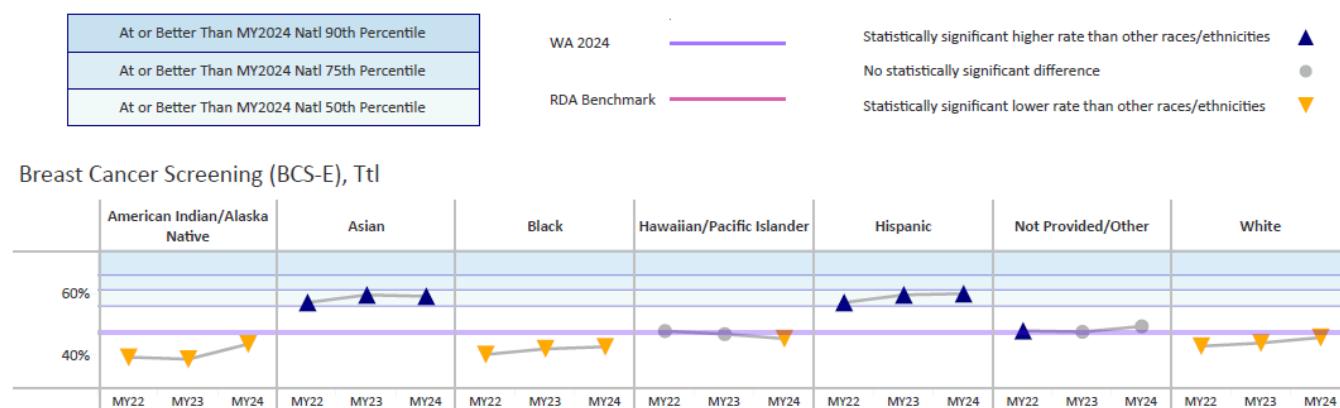
Analysis by Race/Ethnicity, Three-Year Trend

There was an interest in knowing if these disparities have been persistent for previous years. Comagine Health reviewed the full set of measures and selected four measures that highlight interesting changes in measure performance. This section of the report shows the three-year trend for these selected measures stratified by race/ethnicity. [Appendix B: Measure Comparison by Race, Ethnicity, Three-Year Trend](#) includes this information for all measures.

Breast Cancer Screening (BCS-E) Performance

The differences illustrated in the Statewide Variation in Rates by Race/Ethnicity, MY2024 (Figure 18 and Figure 19) are also apparent here. Asian and Hispanic members received statistically significantly more services for this measure, while members of other races/ethnicities received statistically significantly fewer services (Figure 20). In MY2024, Asian and Hispanic members were the only groups that performed higher than the national 50th percentile.

Figure 18. Breast Cancer Screening (BCS-E), Variation in Rates by Race/Ethnicity, Three-Year Trend (MY2022-MY2024).*

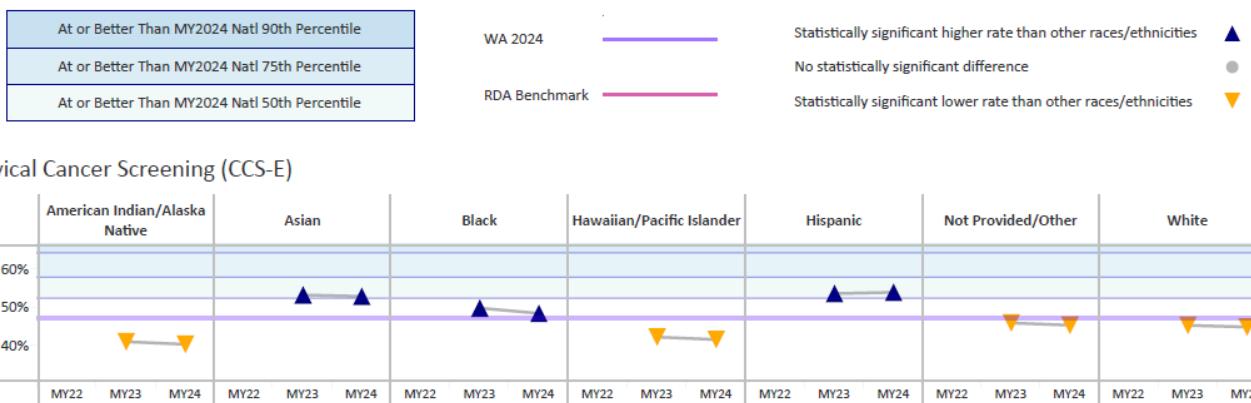


*The “Not Provided” category means the member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment in MY2024.

Cervical Cancer Screening (CCS-E) Performance

The results for the Cervical Cancer Screening (CCS-E) measure (Figure 19) shows Asian, Black and Hispanic members receiving statistically significantly more screenings than members of other races/ethnicities. In MY2024, Hispanic members performed above the national 50th percentile for this measure.

Figure 19. Cervical Cancer Screening (CCS-E), Variation in Rates by Race/Ethnicity, Three-Year Trend (MY2022-MY2024).*

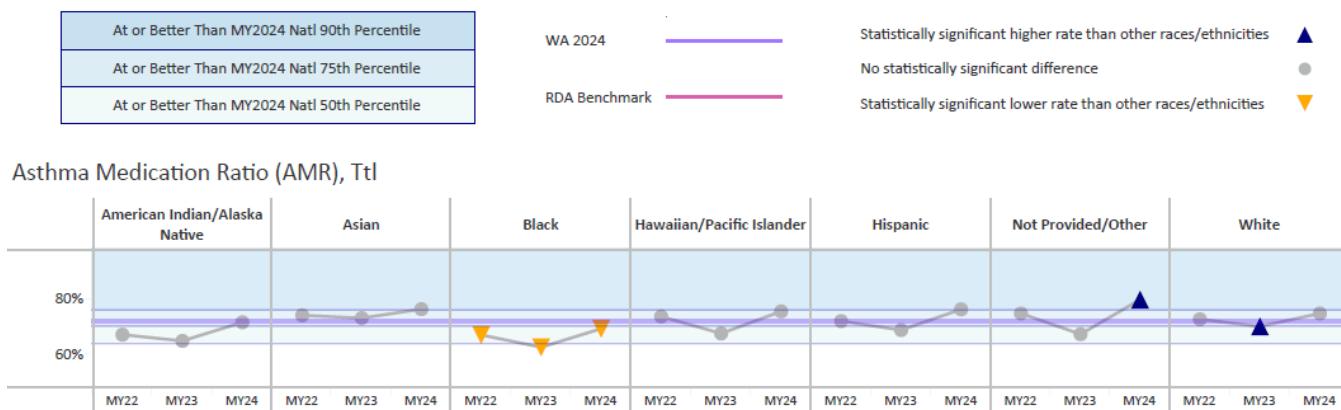


*The “Not Provided” category means the member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment in MY2024.

Asthma Medication Ratio (AMR), Total Performance

Black members received statistically significantly fewer services than members in other races/ethnicities for the Asthma Medication Ratio (AMR), Total measure. This disparity is apparent in the three years reported in Figure 20.

Figure 20. Asthma Medication Ratio (AMR), Total, Variation in Rates by Race/Ethnicity, Three-Year Trend (MY2022-MY2024).*

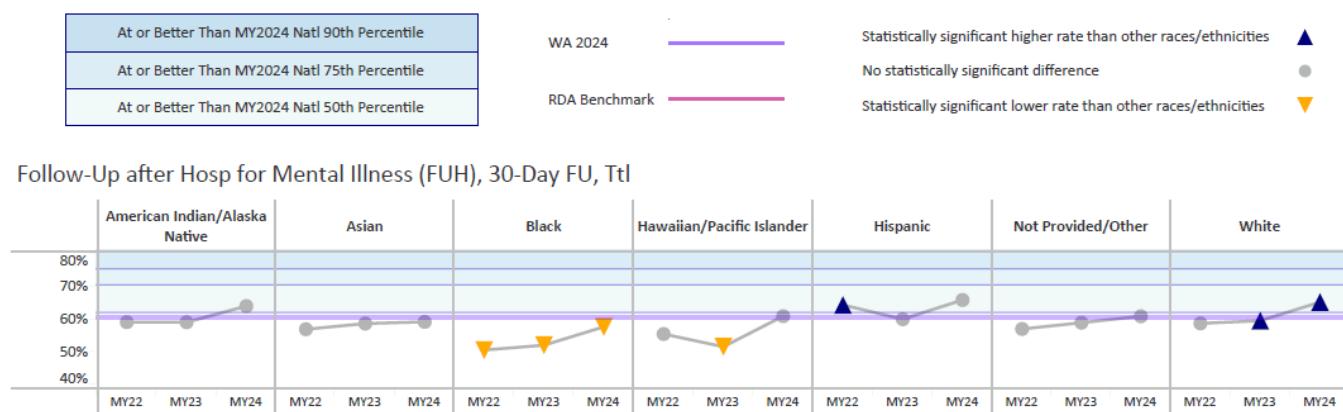


*The “Not Provided” category means the member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment in MY2024.

Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total Performance

There is a persistent disparity for Black members for the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total measure. Black members received statistically significantly fewer services than members of other races/ethnicities for all three years reported in Figure 21. White members received statistically significantly more services in MY2023 and MY2024.

Figure 21. Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total, Variation in Rates by Race/Ethnicity, Three-Year Trend (MY2022-MY2024).*

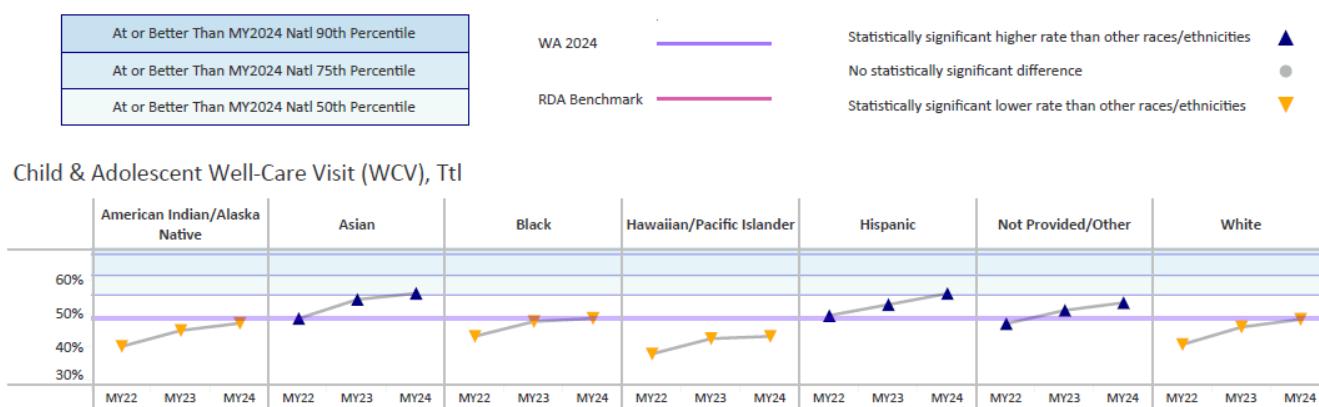


*The “Not Provided” category means the member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment in MY2024.

Child and Adolescent Well-Care Visits (WCV), Total Performance

Asian and Hispanic members received statistically significantly more services for this measure, while members of all other races/ethnicities received statistically significantly fewer services. This disparity is apparent for the three years reported in Figure 22.

Figure 22. Child and Adolescent Well-Care Visits (WCV), Total, Variation in Rates by Race/Ethnicity, Three-Year Trend (MY2022-MY2024).*



*The “Not Provided” category means the member’s race was not provided by the member at the time of enrollment. The “Other” category means that a member selected “Other” as their race at the time of enrollment. The two categories were combined in this report to be consistent with RDA reporting. This group comprises approximately 21% of Apple Health enrollment in MY2024.

Analysis by Spoken Language

As noted in the introduction to the health equity section of this report, analysis of measure results by spoken language can be limited due to small denominators that must be suppressed. Comagine Health and our partners at the Washington HCA have discussed various approaches for overcoming this obstacle.

For this year’s report, we are taking two different approaches to analyzing measures by spoken language. The first approach recognizes that there are typically sufficient denominators for English and Spanish; Castilian speakers. HCA tracks 80 separate spoken languages in their enrollment data. The non-English, non-Spanish; Castilian-speaking members account for approximately 6% of all enrollees. The first section of the language analysis is a comparison of English, Spanish; Castilian and the remaining languages grouped into an Other Language category.

The second approach is to analyze selected measures across a broader list of spoken languages. Currently, HCA provides written materials in 15 languages to Apple Health enrollees. This second analysis provides measure results for all 15 of these languages. The 65 remaining languages are grouped into an Other Language category and account for approximately 2% of all enrollees.

For future reports, we are exploring the possibility of grouping similar languages into broader categories in order to have more robust data for reporting. This approach must be considered carefully to prevent obscuring the experience of unique population groups when they are aggregated with others.

Figure 23a and Figure 23b show the MY2024 results of the key measures for English, Spanish; Castilian and Other Languages.

Figure 23a. Statewide Variation in Rates by Spoken Language, MY2024.*

(↓) For this measure lower scores are better.

*Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 6% of enrollees.

Figure 23b. Statewide Variation in Rates by Spoken Language, MY2024, Continued.*

*Other Language is the sum of the 78 languages not specifically reported in this table and represents approximately 6% of enrollees.

Measure Results by Language

Here are some noteworthy observations of the statewide results by spoken language categories.

- English speakers received statistically significantly fewer services on most Prevention and Screening measures than Spanish; Castilian speakers. The exception is Chlamydia Screening in Women (CHL), where English speakers received statistically significantly more services than Other Language speakers. This is consistent with the results reported in the 2024 Comparative Analysis Report.
- Other Languages speakers received statistically significantly more services than English speakers for the Breast Cancer Screening (BCS-E), Cervical Cancer Screenings (CCS-E) and the Colorectal Cancer Screening (COL-E) measures.
- There were no statistically significant differences detected between the languages for the Asthma Medication Ratio (AMR) measures.
- For the Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measure, a lower rate is better. This indicates that fewer people have poor glycemic control. For Spanish; Castilian speakers there was a statistically significantly better rate than the Other Languages for this measure; English speakers had statistically significantly more members with poor glycemic control.
- English speakers received statistically significantly more services for both Antidepressant Medication Management (AMM) measures. By contrast, Spanish; Castilian speakers received statistically significantly fewer services.
- Spanish; Castilian speakers received statistically significantly more services than other groups for the Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase measure; English speakers received statistically fewer services than other groups.
- Spanish; Castilian speakers received statistically significantly more services than other groups for the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total and Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total measures. They received statistically significantly fewer services than other groups for the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total and Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total measures.
- English speakers received statistically significantly more services on the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures than the other language groups, while Spanish; Castilian speakers received statistically significantly fewer services.
- For the Prenatal and Postpartum Care (PPC), Postpartum Care measure, English-speakers received significantly fewer services than other groups, while Spanish; Castilian speakers received statistically significantly more services. These results are the same as reported in the 2024 Comparative Analysis Report.
- English speakers received statistically significantly fewer services on all Well-Child Visit measures, while Spanish; Castilian speakers received statistically significantly more services.
- The Other Languages speakers received statistically significantly more services than English for the Child and Adolescent Well-Care Visits (WCV), 18-21 Years measure.

Analysis by Spoken Language, Three-Year Trend

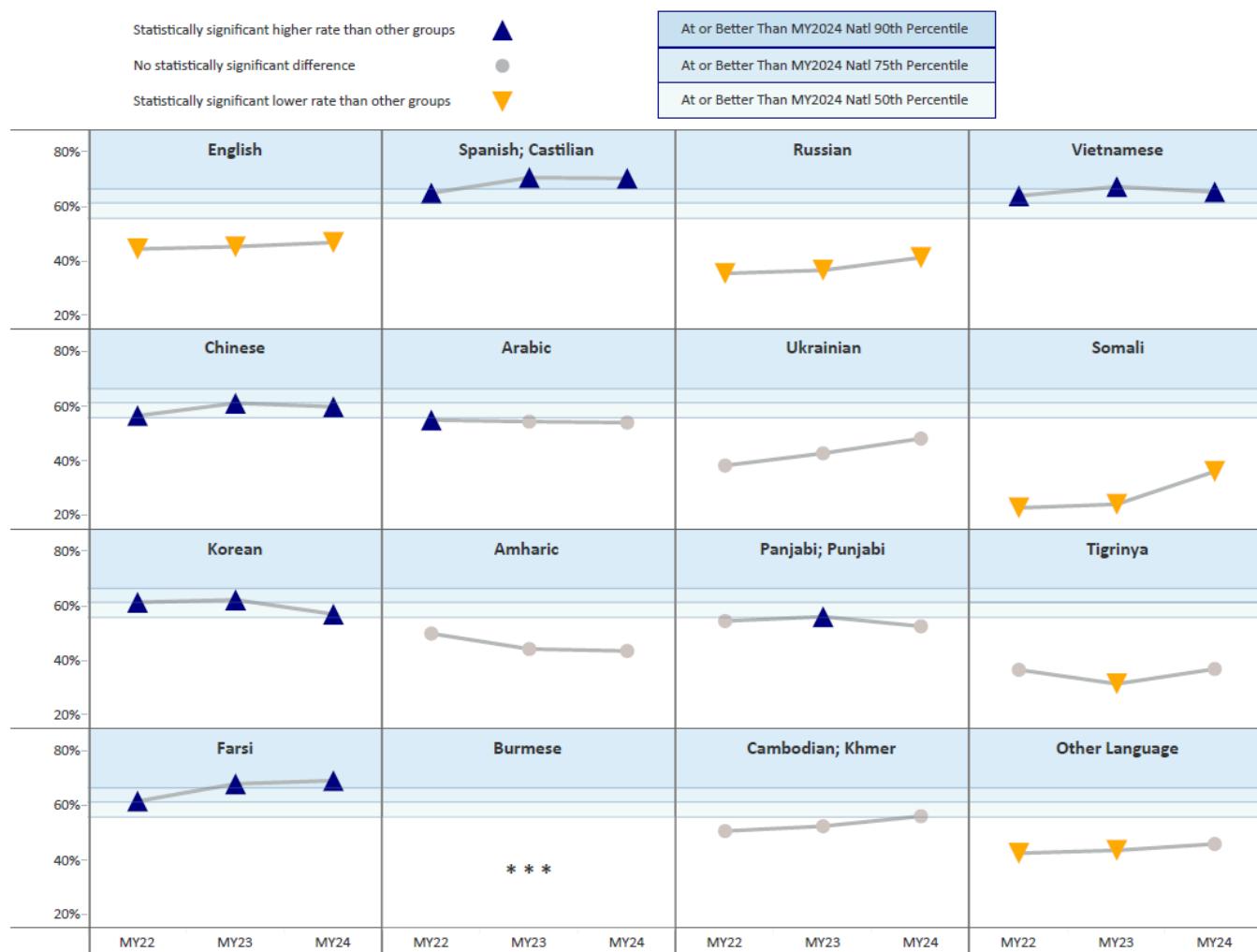
Figure 24 through Figure 27 show the results for selected measures for the 15 languages for which Washington HCA provides written materials. These are measures with denominator populations that are sufficient to report across most language categories.

The results by spoken language tend to be consistent across these selective measures; for example, Vietnamese speakers have measure results that are statistically significantly higher than other groups across the measures, while Russian speakers have measure results that are statistically significantly lower. However, the selected measures with sufficient denominators are limited to preventive screening and well-child visit measures. It is likely that the pattern would look different for other measure domains such as behavioral health or access measures.

Breast Cancer Screenings (BCS-E)

The data for Breast Cancer Screenings (BCS-E) shows a significant variation in the measure performance when broken out by spoken language (Figure 24). Some languages received statistically significantly more services than other languages other languages for all three years (Spanish; Castilian, Vietnamese, Chinese, Korean and Farsi) and some languages received statistically significantly fewer services than the others for the same time period (English, Russian and Somali). Note that Spanish; Castilian and Farsi speakers were above that national 90th percentile in MY2024.

Figure 24. Breast Cancer Screenings (BCS-E), Variation in Rates by Spoken Language, Three-Year Trend (MY2022-MY2024).*



*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees for MY2024.

Cervical Cancer Screenings (CCS-E)

Figure 25 shows the results for the Cervical Cancer Screenings (CCS-E) measure. This measure was new as of MY2023; therefore, only two data points are displayed on the chart. Again, some languages received statistically significantly more services than other languages for both years (Spanish; Castilian, Vietnamese, Chinese, Arabic, Amharic, Tigrinya, Farsi, Burmese and Cambodian; Khmer). Vietnamese speakers were above the national 90th percentile in both MY2023 and MY2024. English speakers received statistically significantly fewer services than other language groups for both MY2023 and MY2024.

Figure 25. Cervical Cancer Screenings (CCS-E), Variation in Rates by Spoken Language, Three-Year Trend (MY2022-MY2024).*

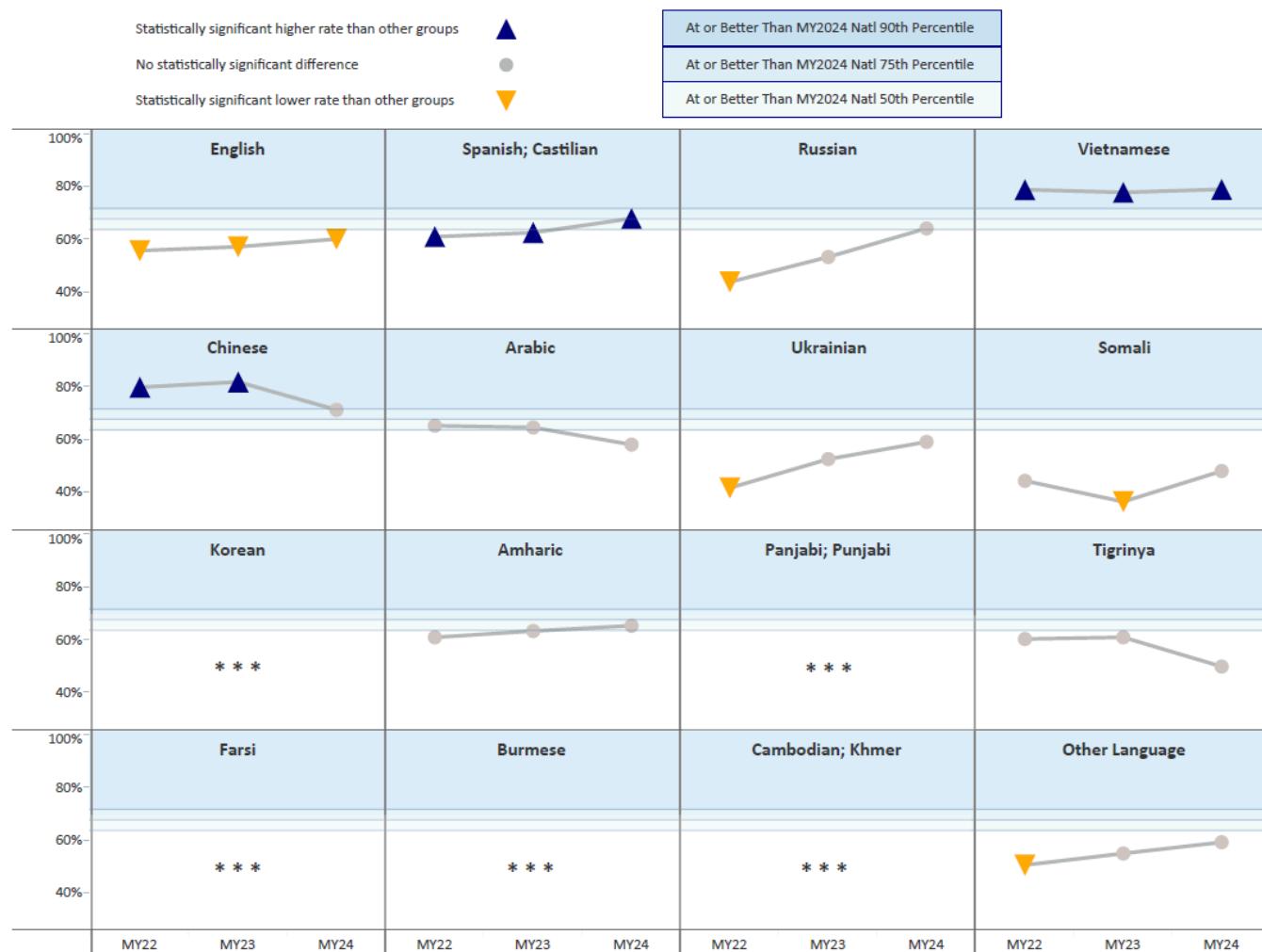


*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees for MY2024.

Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months

Spanish; Castilian and Vietnamese speakers received statistically significantly more services than other language groups for all three years for the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure (Figure 26). Vietnamese speakers were above the national 90th percentile for all three years. English speakers received statistically significantly fewer services than other language groups for all three years.

Figure 26. Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months, Variation in Rates by Spoken Language, Three-Year Trend (MY2022-MY2024).*

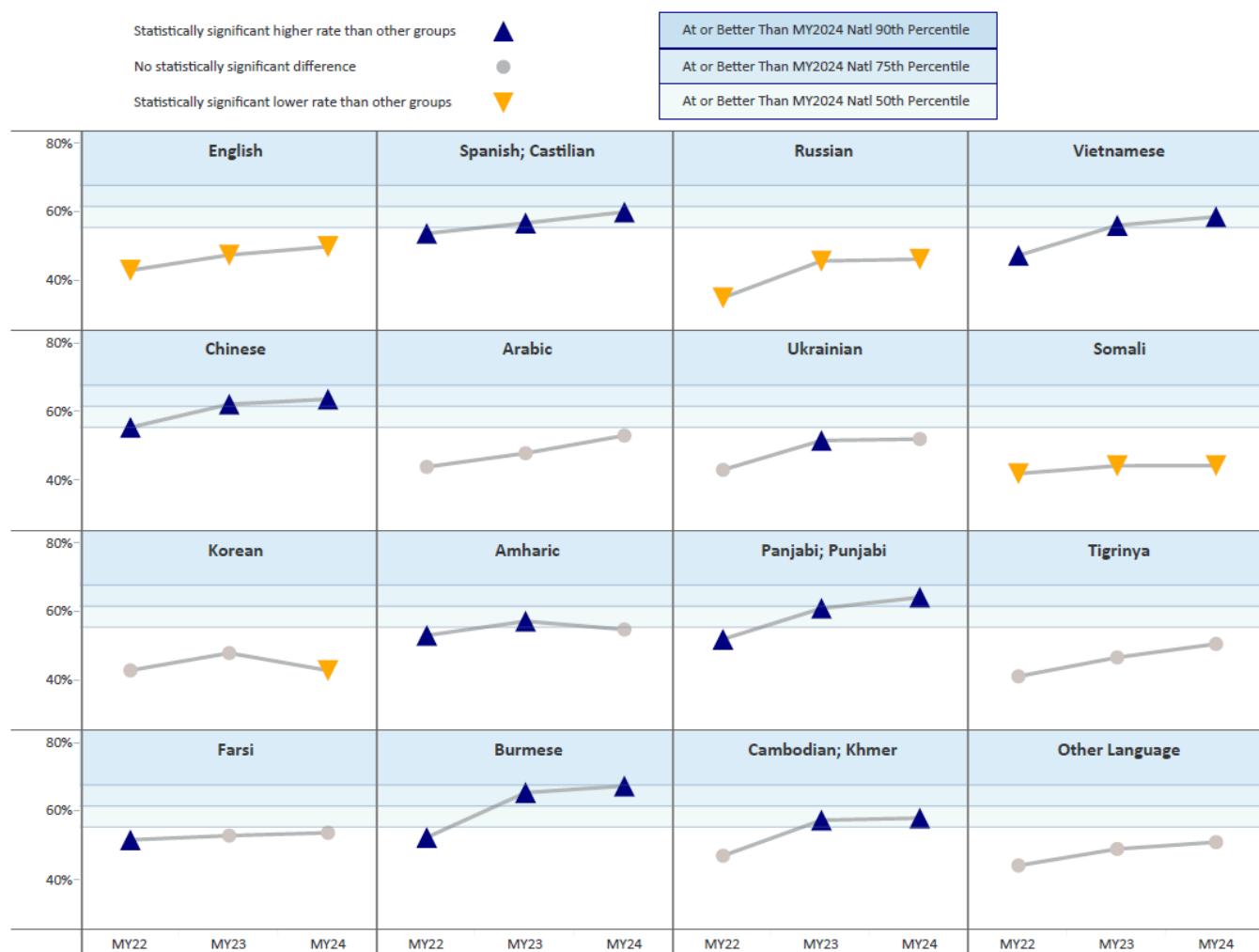


*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees for MY2024.

Child and Adolescent Well-Care Visits (WCV), Total

The data for Child and Adolescent Well-Care Visits (WCV), Total shows that there is significant variation in the measure performance when broken out by spoken language (Figure 27). Some languages received statistically significantly more services than other languages for all three years (Spanish; Castilian, Vietnamese, Chinese, Panjabi; Punjabi and Burmese) and some languages received statistically significantly fewer services than others (English, Russian and Somali) for all three years.

Figure 27. Child and Adolescent Well-Care Visits (WCV), Total, Variation in Rates by Spoken Language, Three-Year Trend (MY2022-MY2024).*



*Other Language is the sum of the 65 languages not specifically reported in this table and represents approximately 2% of enrollees for MY2024.

Gender Comparison

This section of the report analyzes the key performance measures by gender for a three-year trend (MY2022 through MY2024).

Note that the analysis is limited to reporting by female and male only. While HCA, DSHS and the Health Benefit Exchange are working together with other state agencies to incorporate a more robust understanding of gender identity into their applications and other processes,^{7,8} we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Prevention and Screening Measures by Gender

Figure 28 displays the results of this analysis for prevention and screening measures. Note that gender-specific measures such as breast cancer screenings have been removed from this chart. The blue triangles pointing upward indicate a gender performs statistically better than the other gender; the downward yellow triangles indicate they perform statistically worse.

There were no statistically significant differences between males and females for the Childhood Immunization Status (CIS), Combo 10 or the Immunizations for Adolescents (IMA), Combo 2 measures during the three years included in Figure 28.

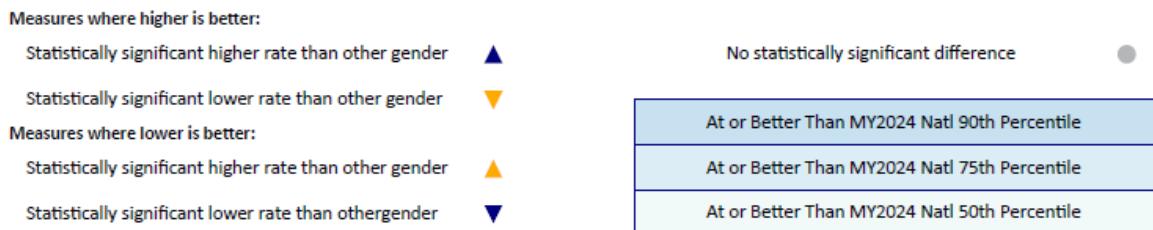
There was variation in the Lead Screening in Children (LSC) measure; for MY2022 females performed statistically significantly better than males; in MY2024 this was reversed. This fluctuation is most likely due to relatively small denominators for the hybrid measure.

For the Colorectal Cancer Screening (COL-E) measure, females performed statistically significantly better than males for all three performance years (MY2022-MY2024).

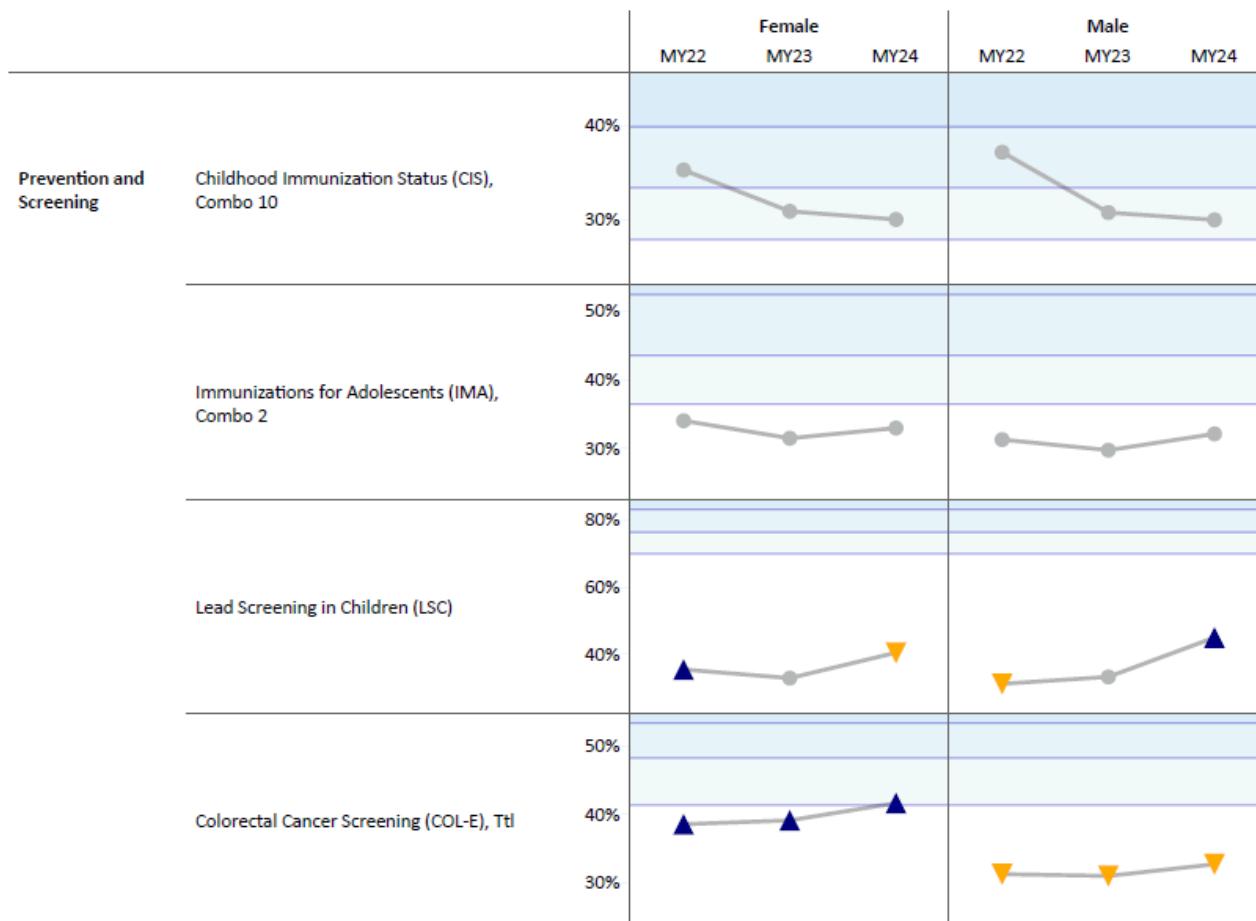
⁷ For more information on the Health Care Authority's work to collect accurate gender identity information: <https://www.hca.wa.gov/about-hca/gender-identity-information>.

⁸ For more information on the Apple Health Transhealth program: <https://www.hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/transhealth-program>.

Figure 28. Gender Comparison by Measure,* Prevention and Screening Domain, Three-Year Trend (MY2022-MY2024).



NOTE: x-axes are not equivalent across measures.

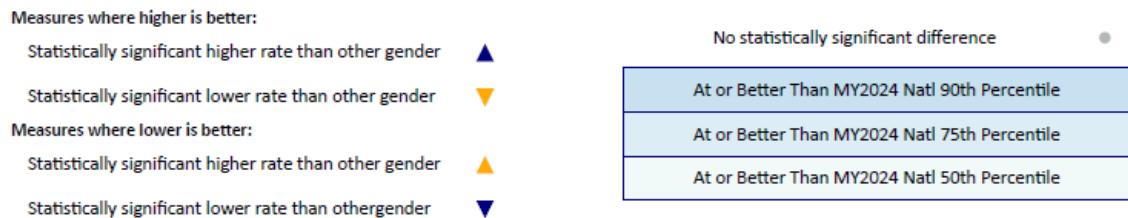


*While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Chronic Care Measures by Gender

There were no statistically significant differences reported for the chronic disease measures in MY2024 (Figure 29). There were a few scattered instances in performance for the Asthma Medication Ratio (AMR) measures, with females performing statistically significantly better than males.

Figure 29. Gender Comparison by Measure,* Chronic Care Domains, Three-Year Trend (MY2022-MY2024).



NOTE: x-axes are not equivalent across measures.



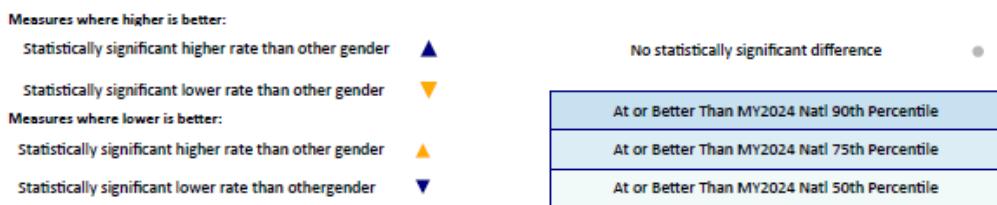
(↓) For this measure lower scores are better.

*While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

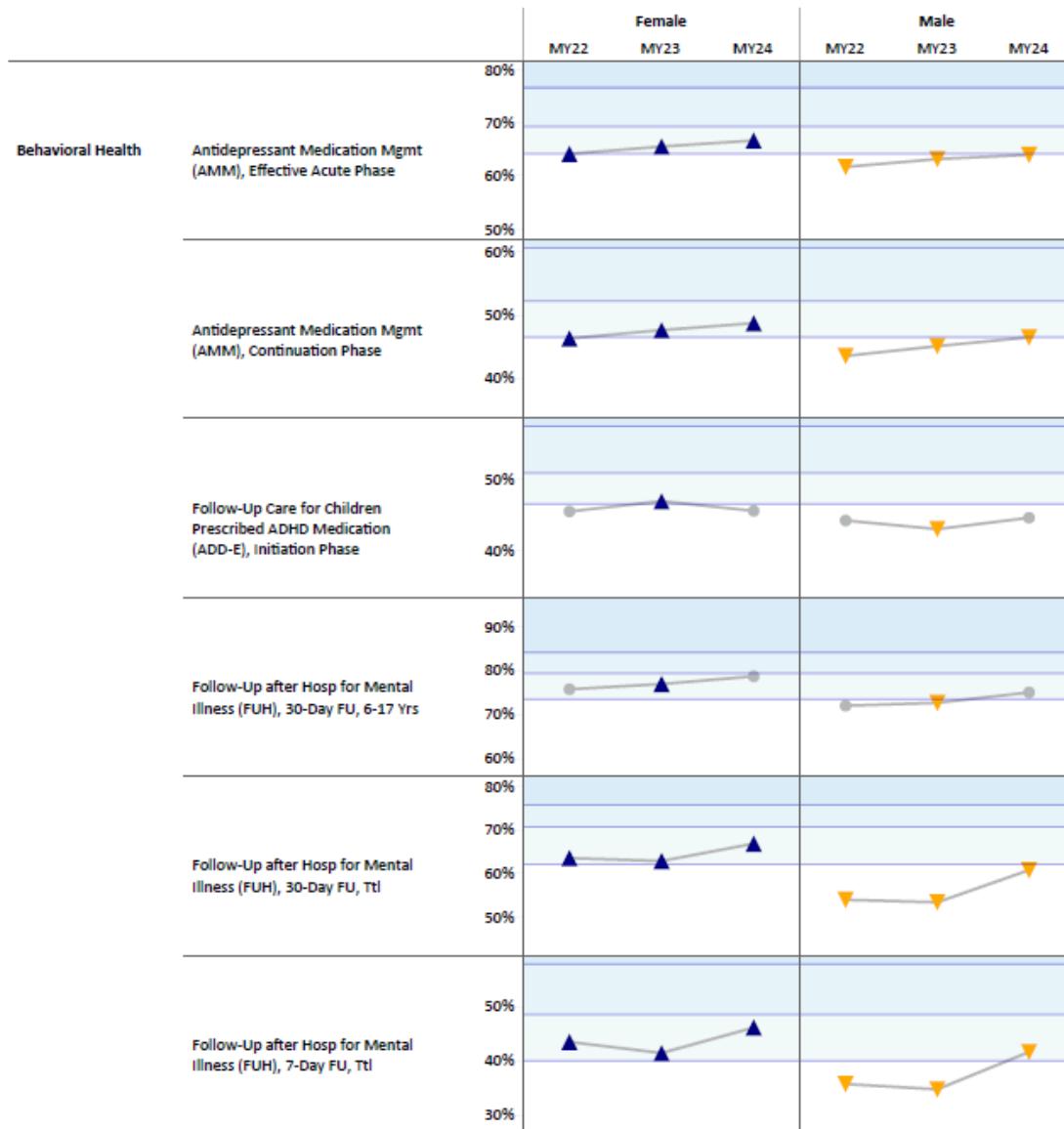
Behavioral Health Measures by Gender

When comparing the results of the Behavioral Health measures, females performed statistically significantly better than males for the majority of the measures (Figure 30a and Figure 30b). This difference is noticeable in all three years of reported data (MY2022 through MY2024). The exception is the pediatric measures, where there were no statistically detectable differences between the genders in MY2022 or MY2024.

Figure 30a. Gender Comparison by Measure*, Behavioral Health Domain, Three-Year Trend (MY2022-MY2024).

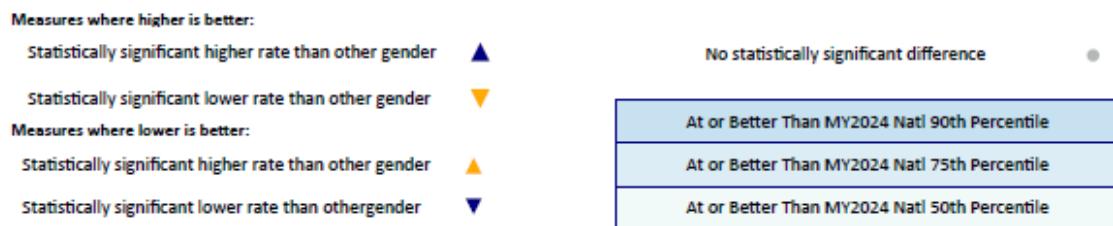


NOTE: x-axes are not equivalent across measures.

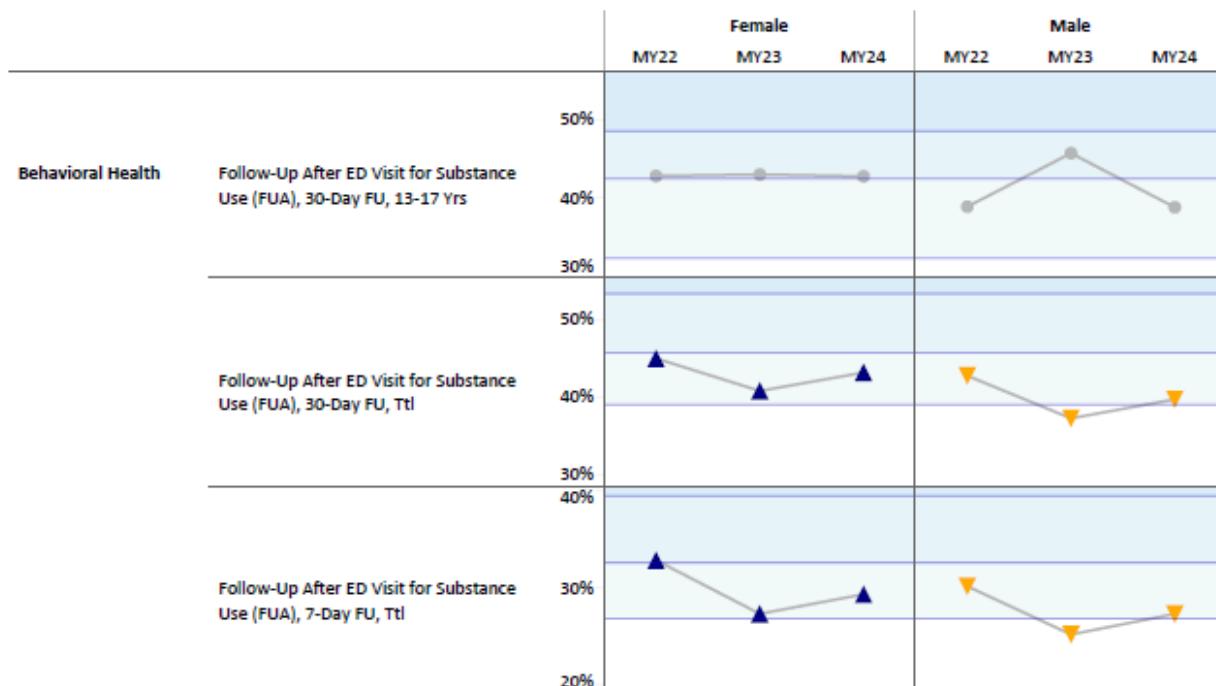


*While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Figure 30b. Gender Comparison by Measure*, Behavioral Health Domain, Three-Year Trend (MY2022-MY2024), Continued.



NOTE: x-axes are not equivalent across measures.

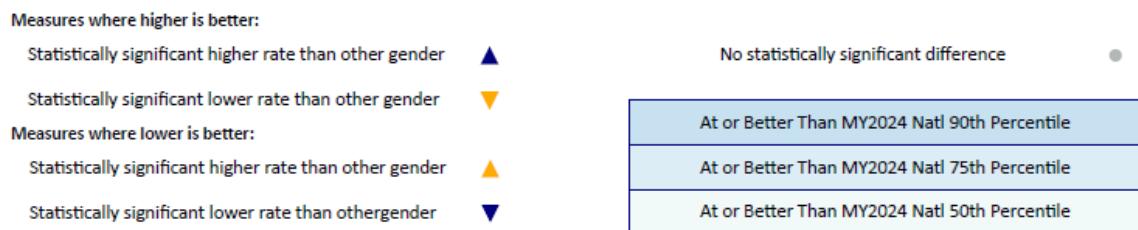


*While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Overuse/Appropriateness and Access/Availability of Care Measures by Gender

There are a variety of different observations in the breakdown of these measures by gender. For example, males performed statistically significantly better than females for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total and Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total in MY2022 and MY2024 (Figure 31). Females performed statistically significantly better for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) in MY2022 and MY2023; no differences were detected in MY2024.

Figure 31. Gender Comparison by Measure,* Access/Availability of Care Domain, Three-Year Trend (MY2022-MY2024).



NOTE: x-axes are not equivalent across measures.

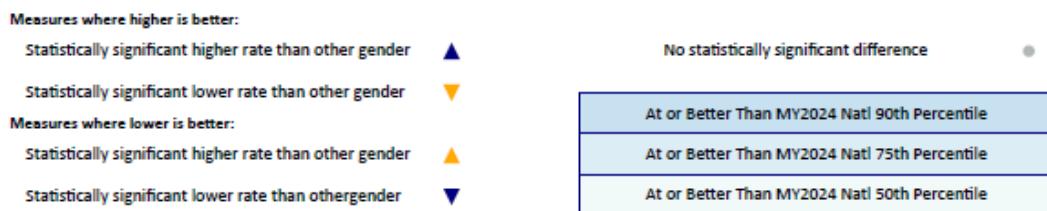


**While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.*

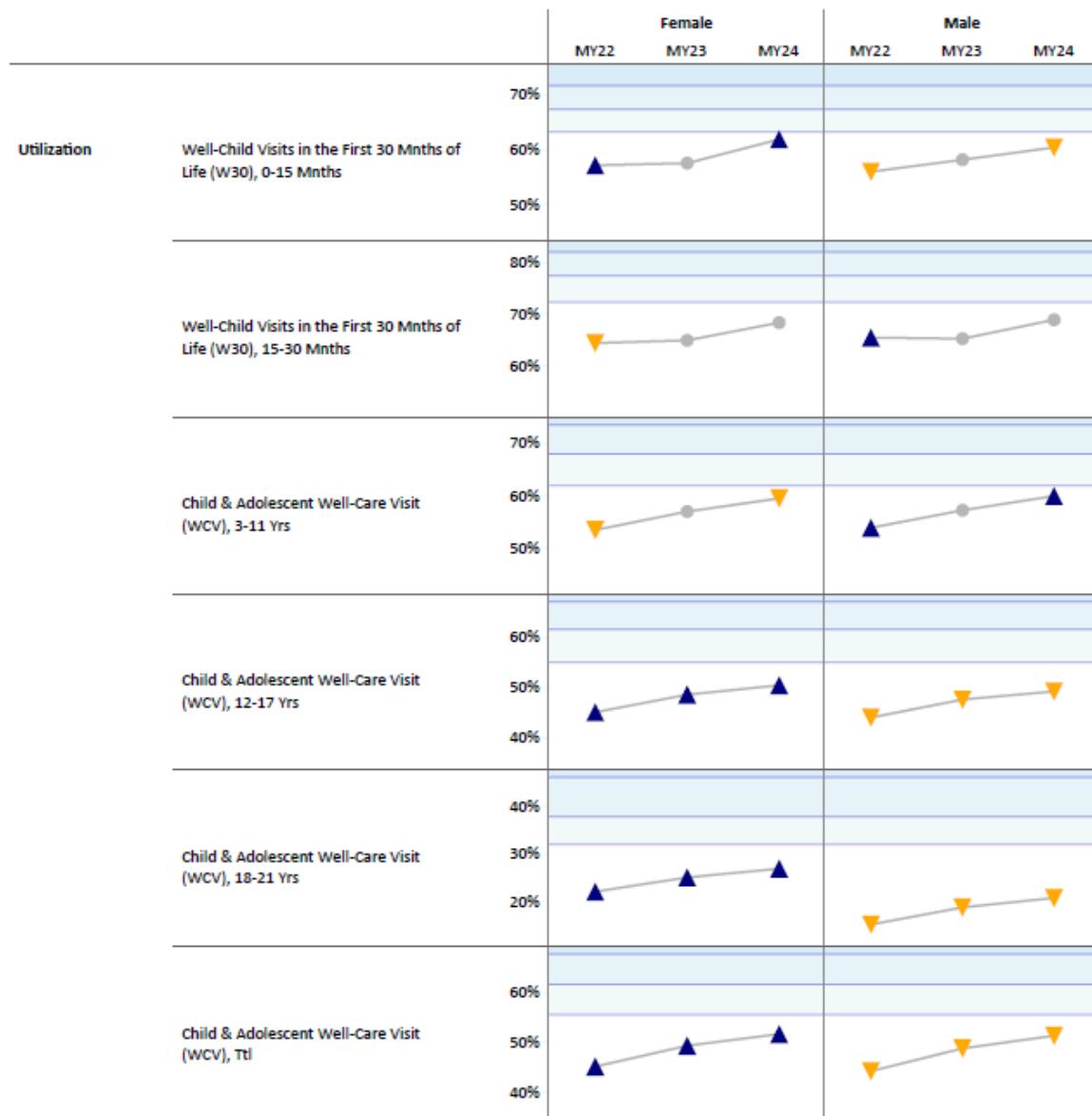
Utilization Measures by Gender

Females perform statistically significantly better than males for the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months in MY2022 and MY2024 (Figure 32). For the Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months measure, males performed statistically significantly better than females in MY2022; no statically significant differences were detected for MY2023 or MY2024.

With the exception of the Age 3-11 measure, females performed statistically better than males for all three years reported for the Child and Adolescent Well-Care Visits (WCV) measures. For the Age 3-11 measure, males performed statistically significantly better than females for both MY2022 and MY2024.

Figure 32. Gender Comparison by Measure*, Utilization Domain, Three-Year Trend (MY2022-MY2024).

NOTE: x-axes are not equivalent across measures.



*While HCA, the Department of Social and Health Services, and the Health Benefit Exchange are working together with other state agencies to incorporate gender identity into their applications and other processes, we want to acknowledge the current binary nature of data collection and reporting and the limitations that presents in this kind of analysis.

Urban Versus Rural Comparison

This section compares measure results for members who live in urban settings versus rural settings. This section of the report analyzes the key performance measures comparing members who live in urban settings versus rural settings for a three-year trend (MY2022 through MY2024).

To define urban versus rural geographies, Comagine Health relied on the Centers for Medicare & Medicaid Services (CMS) rural-urban commuting area (RUCA) codes. RUCA codes classify United States census tracts using measures of population density, urbanization and daily commuting.⁹

Prevention and Screening Measures

When considering the Prevention and Screening measures through the lens of urban versus rural populations, urban populations performed statistically significantly better than rural populations for the Chlamydia Screening in Women (CHL) measure across all three years of reported data (MY2022 to MY2024). The urban population also performed statistically significantly better than the rural population on the Colorectal Cancer Screening (COL-E) for the three years reported (Figure 33a and Figure 33b). This result is the same as what was reported in the 2024 Comparative Analysis Report.

⁹ Whole numbers (1-10) delineate metropolitan, micropolitan, small town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. For the purposes of this analysis, RUCA codes 8, 9 and 10 were classified as rural; this effectively defines rural areas as towns with populations of 10,000 or smaller.

Figure 33a. Urban and Rural Comparison by Measure, Prevention and Screening Domain, Three-Year Trend (MY2022-MY2024).

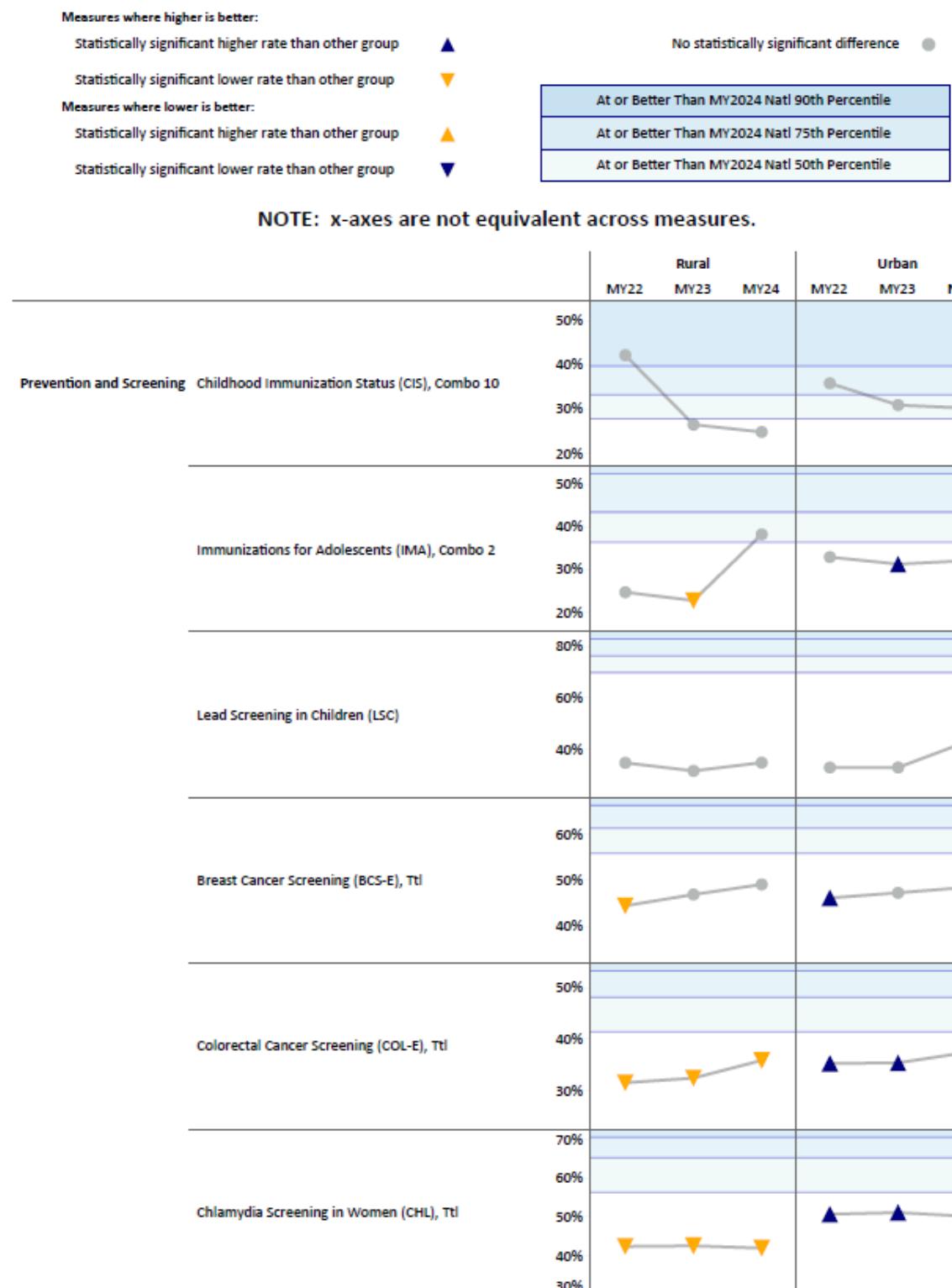
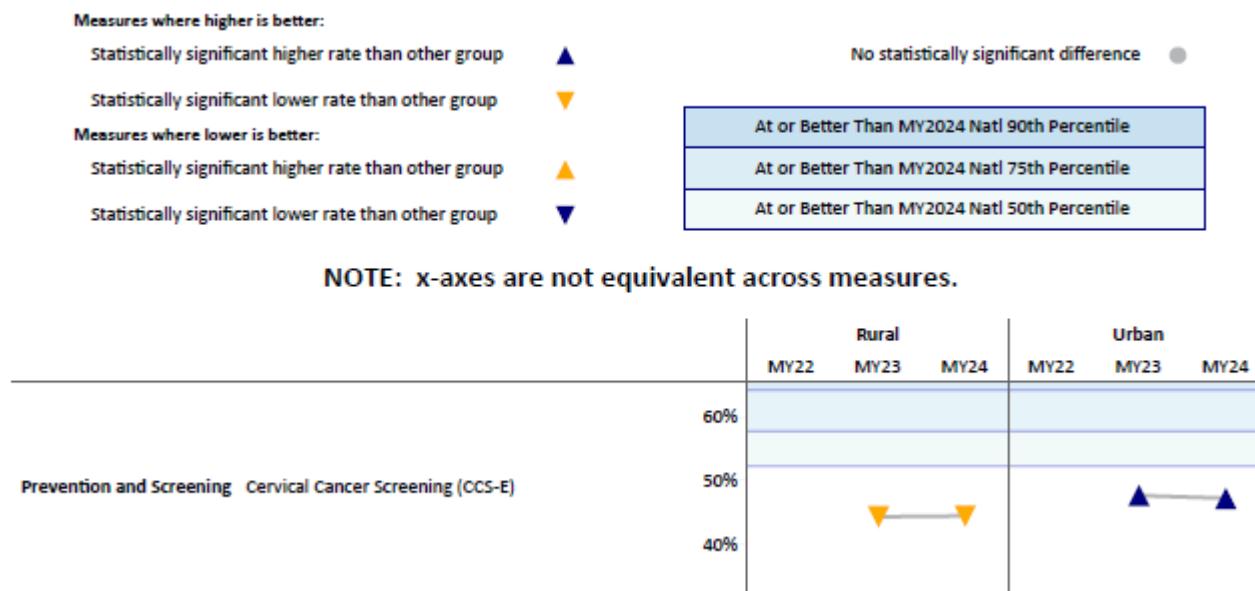


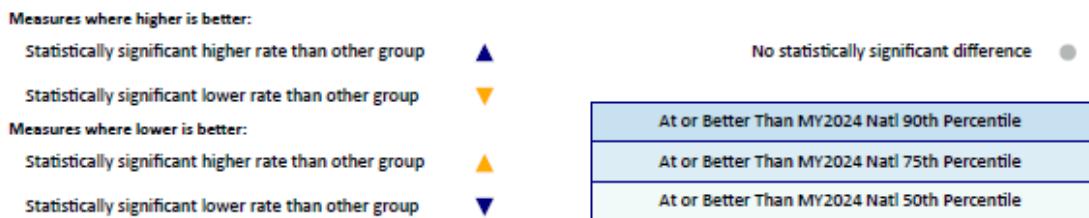
Figure 33b. Urban and Rural Comparison by Measure, Prevention and Screening Domain, Three-Year Trend (MY2022-MY2024), Continued.



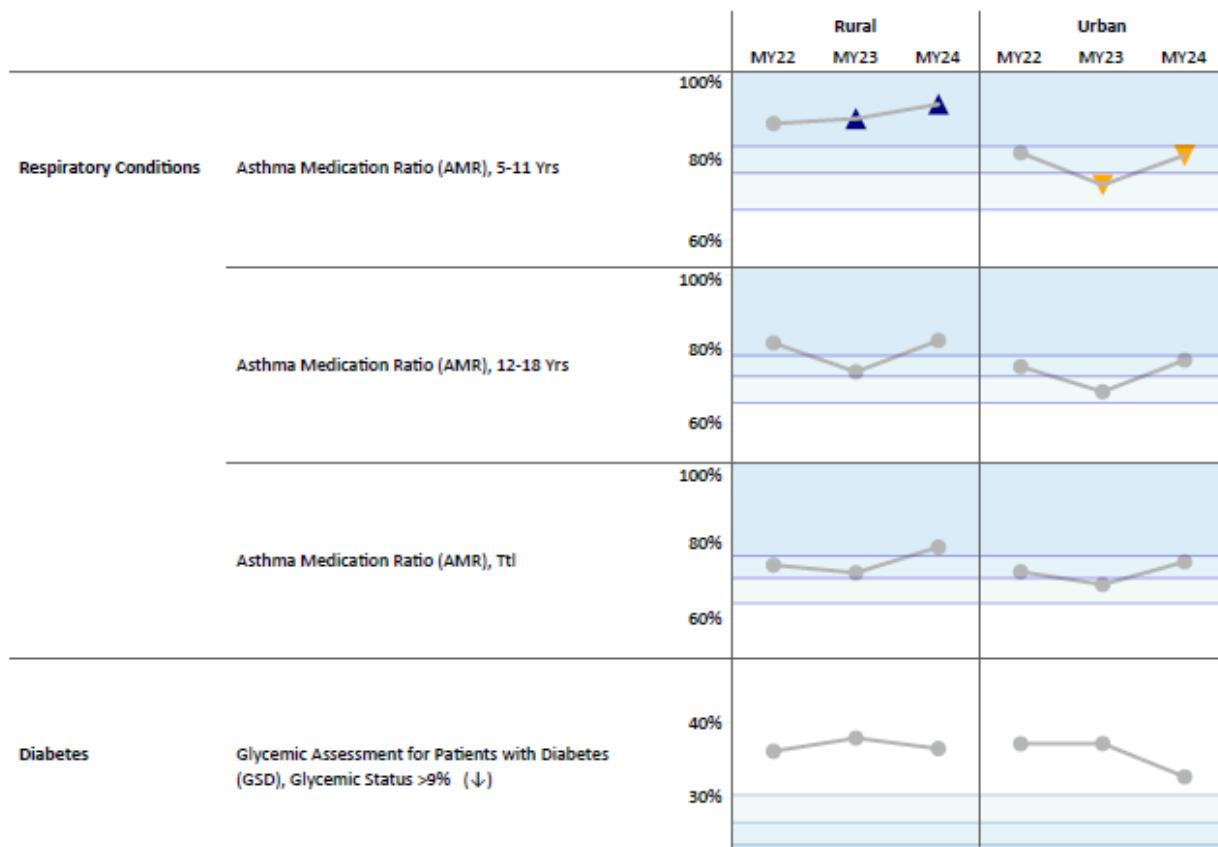
Chronic Conditions Measures

The urban population performed statistically significantly worse than the rural population for the Asthma Medication Ratio (AMR), 5-11 Years measure in MY2023 and MY2024 (Figure 34). There were no statistically significant differences between rural and urban populations for the remaining measures reported for chronic conditions.

Figure 34. Urban and Rural Comparison by Measure, Chronic Condition Domains, Three-Year Trend (MY2022-MY2024).



NOTE: x-axes are not equivalent across measures.



(↓) For this measure lower scores are better.

Behavioral Health Measures

The urban population performed statistically better than the rural population for both components of the Antidepressant Medication Management (AMM) in MY2024; the urban population also performed statistically better for the Antidepressant Medication Management (AMM), Continuation Phase measure in MY2023 (Figure 35a and Figure 35b). For many of the other behavioral health measures, the rural population performed statistically significantly better than the urban population in MY2024. The exception were the measures for the pediatric age bands where no statistically significant difference was detected.

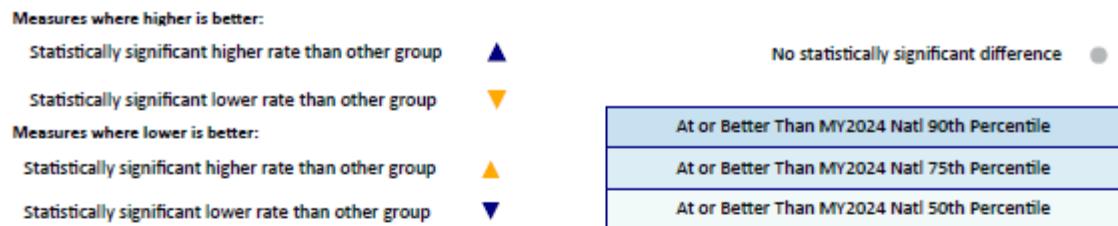
Figure 35a. Urban and Rural Comparison by Measure, Behavioral Health Domain, Three-Year Trend (MY2022-MY2024).



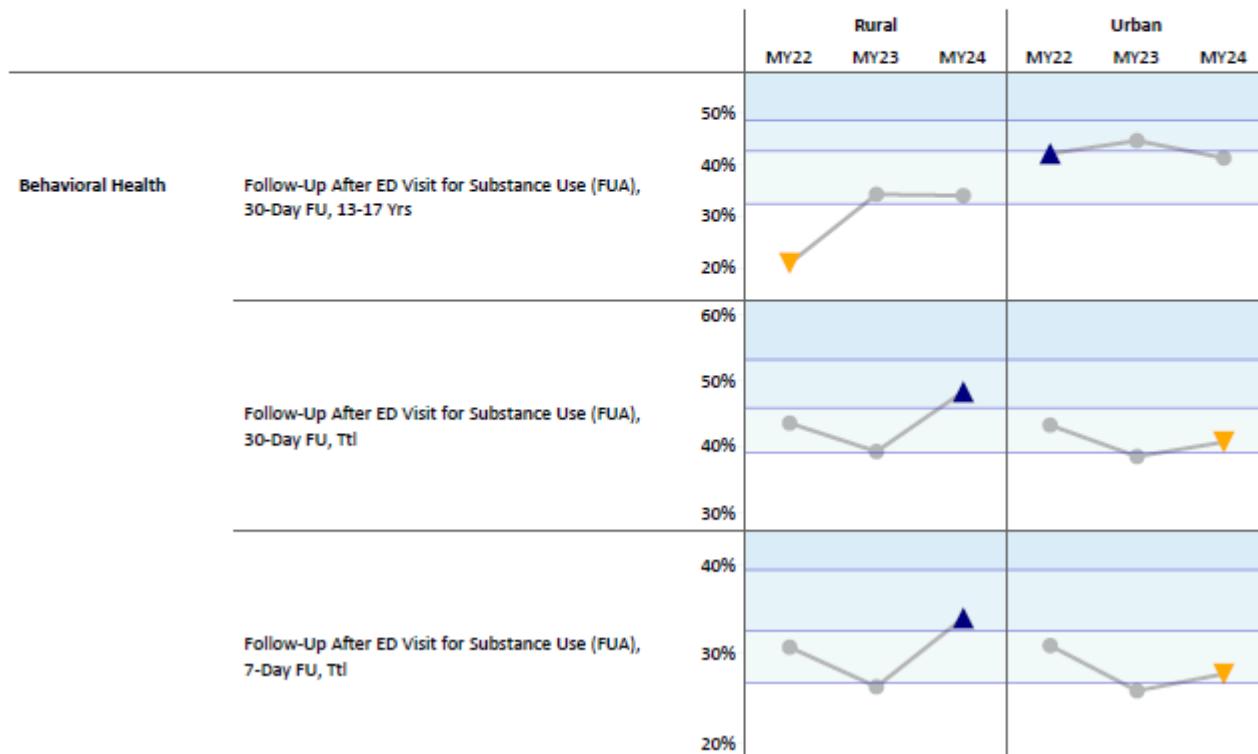
NOTE: x-axes are not equivalent across measures.



Figure 35b. Urban and Rural Comparison by Measure, Behavioral Health Domain, Three-Year Trend (MY2022-MY2024), Continued.



NOTE: x-axes are not equivalent across measures.



Access/Availability of Care Measures

The urban population performed statistically significantly better than the rural population for all three years reported (MY2022 through MY2024) for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total measure (Figure 36). The urban population also performed statistically better than the rural population for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total measure in MY2022 and MY2023, but no statistically significant differences were detected in MY2024.

The rural population also had a statistically significantly higher performance in MY2022 and MY2023 for the Prenatal and Postpartum Care (PPC), Postpartum Care measure. There was no statistically significant difference detected for MY2024.

Figure 36. Urban and Rural Comparison by Measure, Access/Availability of Care Domain, Three-Year Trend (MY2022-MY2024).

Measures where higher is better:

Statistically significant higher rate than other group 

Statistically significant lower rate than other group 

Measures where lower is better:

Statistically significant higher rate than other group 

Statistically significant lower rate than other group 

No statistically significant difference 

At or Better Than MY2024 Nati 90th Percentile

At or Better Than MY2024 Nati 75th Percentile

At or Better Than MY2024 Nati 50th Percentile

NOTE: x-axes are not equivalent across measures.



Utilization Measures

Reviewing the utilization measures indicates that the rural group performed statistically significantly better than the urban group for the Child and Adolescent Well-Care Visits (WCV), 12-17 Years measure across all three years (Figure 37). The rural group performed statistically significantly worse than the urban group for the Child and Adolescent Well-Care Visits (WCV), 18-21 Years measure in MY2024.

Figure 37. Urban and Rural Comparison by Measure, Utilization Domain, Three-Year Trend (MY2022-MY2024).

Measures where higher is better:

Statistically significant higher rate than other group 

No statistically significant difference 

Statistically significant lower rate than other group 

Measures where lower is better:

Statistically significant higher rate than other group 

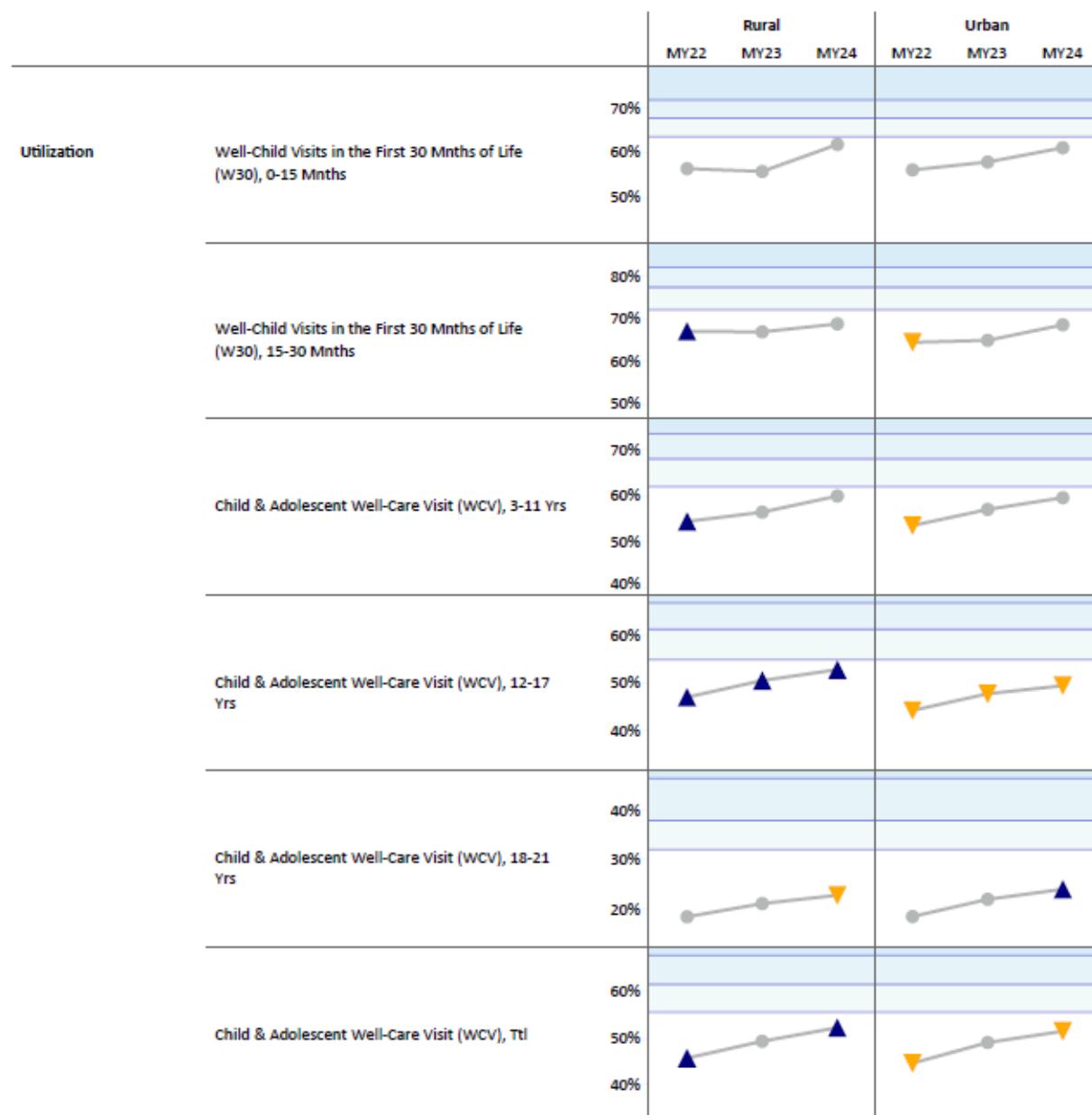
Statistically significant lower rate than other group 

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

NOTE: x-axes are not equivalent across measures.



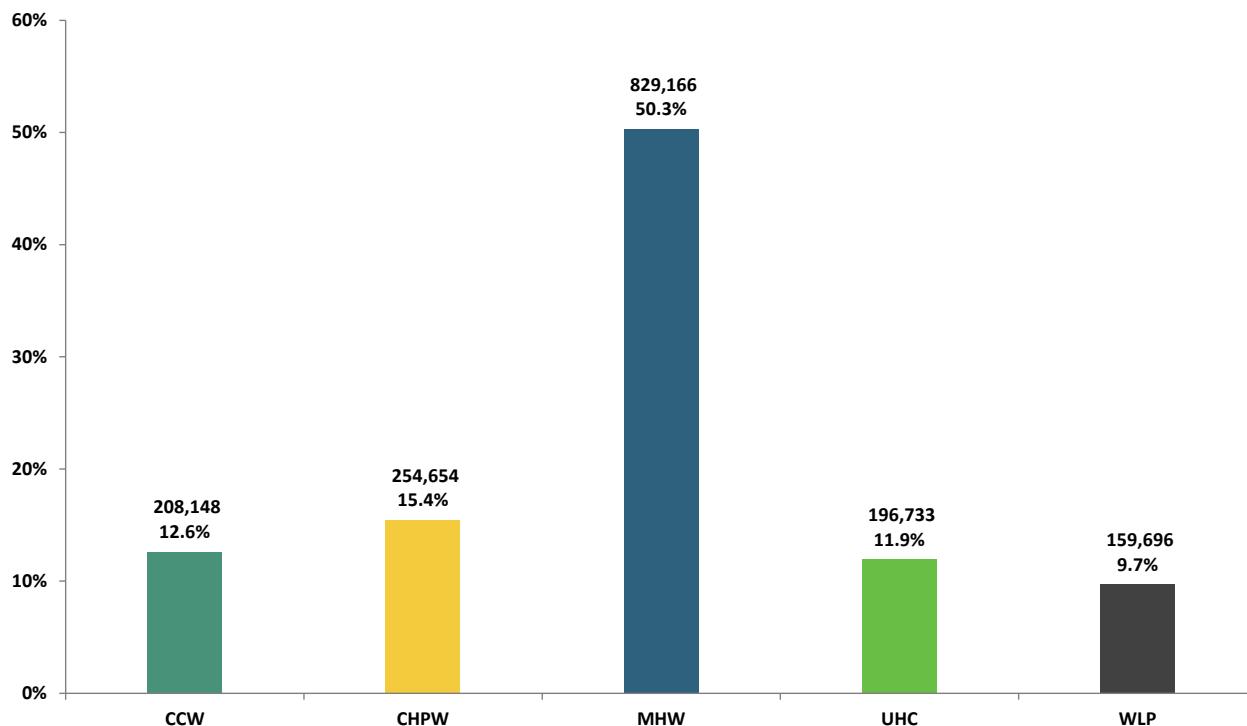
MCO-Specific Results

This section of the report presents MCO-specific demographic data and results on performance measures for each MCO. Washington MCOs have different member populations, and these differences may impact MCO performance on different measures. Because of this variation, it is important to monitor performance at both the plan and program levels.

MCO Enrollment

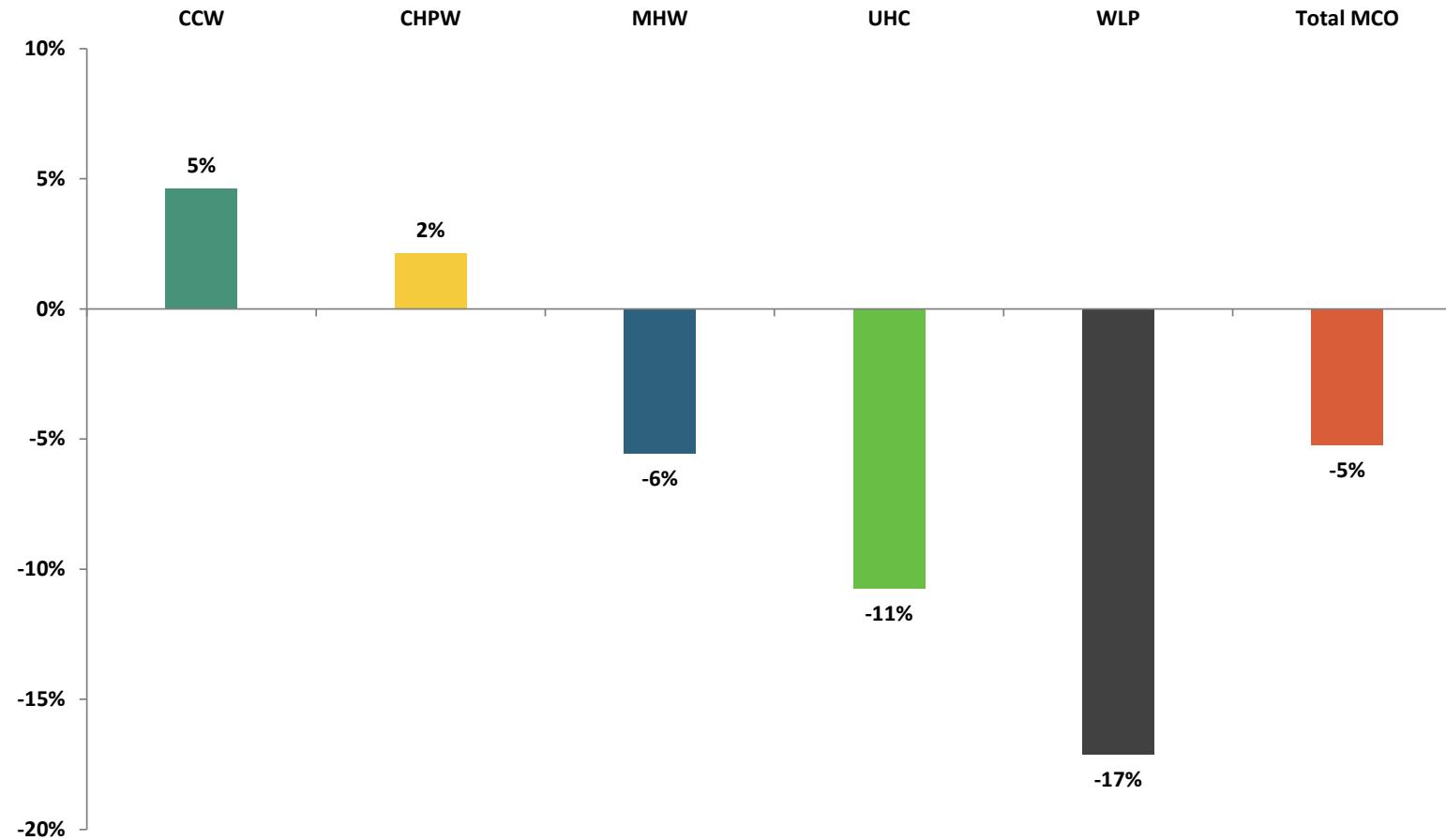
Figure 38 shows Medicaid enrollment by MCO. MHW enrolls about half of the Medicaid members in Washington. The rest of the member population is distributed across the remaining four plans, ranging from 9.7% to 15.4%.

Figure 38. Percent of Total Statewide Medicaid Enrollment According to MCO, MY2024.



As noted in an earlier section of this report, there was an overall decrease of 5% in the Apple Health programs. Figure 39 shows the change in Apple Health enrollment by MCO between MY2023 and MY2024. There is some interesting variation among the MCOs. CCW and CHPW both gained enrollment (5% and 2% respectively), while the enrollment in the other MCOs decreased. The decrease in enrollment for WLP was especially sharp, declining by 17% between MY2023 and MY2024. UHC declined by 11% and MHW declined 6% during the same time period.

These changes in enrollment can impact measure results due to changes to the underlying population included in the measures. Caution should be used when interpreting the year-over-year changes by MCO.

Figure 39. Enrollment Changes by MCO, MY2023 vs. MY2024.

Demographics by MCO

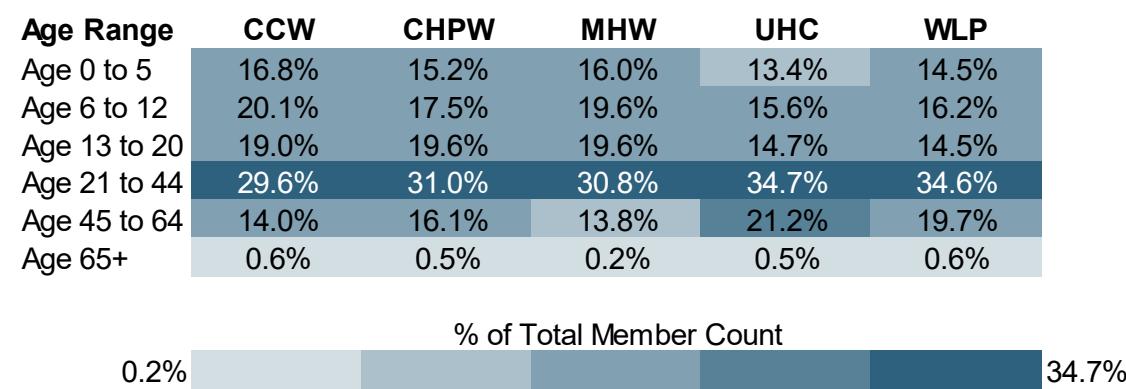
Variation between MCOs' demographic profiles is a reflection of the difference in plan mix for each MCO and should be taken into account when assessing HEDIS measurement results.

Age

Figure 40 shows the percentages of enrollment by age group and MCO. The darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between.

Though the average age of members varies across plans, the highest proportion of members across MCOs was in the 21–44 age group.

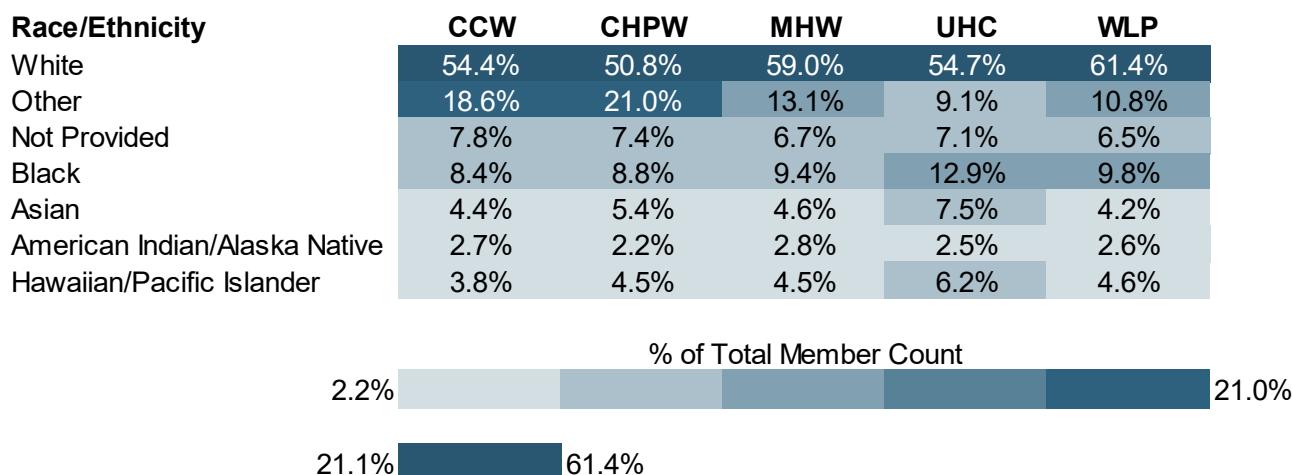
Figure 40. Enrollee Population by MCO and Age Range, MY2024.



Race and Ethnicity by MCO

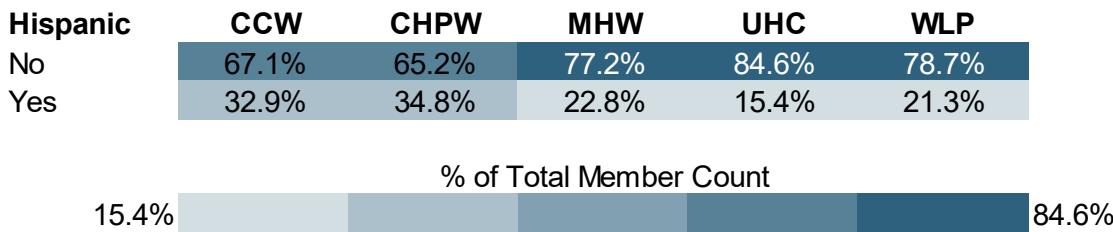
The data on race and ethnicity presented in this report was provided by members to their MCO upon their enrollment. Race is another demographic category where there is variation between the MCOs.

As shown in Figure 41, approximately half of CHPW's enrollment is white; approximately 55% of CCW's and UHC's enrollment is white, while in the other two MCOs, approximately 60% of enrollees are white. The "Other" race category was the second most common for all MCOs except UHC. Note that "Other" race is selected by the enrollee when they identify themselves as a race other than those listed; CCW and CHPW have the most enrollment in this category with approximately 20% of their members selecting other. Black members make up 12.9% of UHC's enrollee population; the range for the four other MCOs is between 8.4% and 9.9%.

Figure 41. Statewide Apple Health Enrollees by MCO and Race,* MY2024.

*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.” These two categories account for 21% of all enrollees.

Figure 42 shows the percentage of MCO members who identified as Hispanic. CCW and CHPW have the largest percentages of Hispanic members at 32.9% and 34.8%, respectively. Please note that within this report, Hispanic is used to identify an ethnicity and does not indicate race.

Figure 42. Statewide Apple Health Enrollees by MCO and Hispanic Indicator, MY2024.

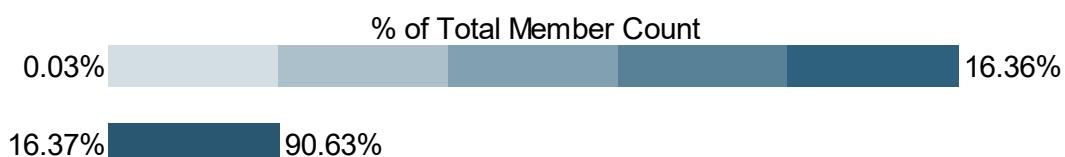
Primary Spoken Language by MCO

According to Apple Health eligibility data, there are 80 separate spoken languages among members. Many of these languages have very small numbers of speakers in the Apple Health population. Therefore, only the most common non-English languages are listed in this report (HCA provides Apple Health-related written materials in these same 15 languages).

Figure 43 shows the variation in the most common primary spoken languages. Across MCOs, Spanish; Castilian is the second most common language after English. Among other languages, such as Russian and Vietnamese, the percentages are much smaller and vary by MCO.

Figure 43. Statewide Apple Health Enrollees by MCO and Spoken Language, MY2024.*

Spoken Language	CCW	CHPW	MHW	UHC	WLP
English	82.98%	75.84%	87.12%	90.63%	87.64%
Spanish; Castilian	11.53%	16.36%	7.16%	3.91%	7.83%
Russian	0.70%	1.28%	1.50%	0.87%	0.73%
Vietnamese	0.48%	0.60%	0.39%	0.69%	0.35%
Chinese	0.37%	0.92%	0.26%	0.38%	0.41%
Arabic	0.25%	0.37%	0.30%	0.26%	0.17%
Ukrainian	0.64%	0.73%	1.00%	1.03%	0.66%
Somali	0.10%	0.33%	0.18%	0.19%	0.09%
Korean	0.05%	0.05%	0.07%	0.32%	0.06%
Amharic	0.10%	0.18%	0.11%	0.15%	0.16%
Tigrinya	0.07%	0.13%	0.11%	0.08%	0.13%
Punjabi; Panjabi	0.06%	0.07%	0.10%	0.09%	0.06%
Burmese	0.04%	0.12%	0.04%	0.04%	0.03%
Farsi	0.06%	0.13%	0.07%	0.06%	0.06%
Cambodian; Khmer	0.04%	0.04%	0.04%	0.08%	0.05%
Other Language*	2.53%	2.88%	1.53%	1.22%	1.56%



*Other Language is the sum of the 65 languages not specifically reported in this table and represents less than 2% of enrollees.

MCO Specific Performance for MY2024

This section of the report presents MCO-specific results for selected measures. These 37 measures, which include 31 HEDIS measures and 6 measures calculated by the state of Washington, reflect current HCA priorities and are part of the State Common Measure Set. They also represent a broad population base or population of specific or prioritized interest.

MCO Performance Variation for Selected Measures

This section includes two different perspectives on assessing MCO performance. The first is to look at year-over-year performance to determine if rates are improving. The second perspective for assessing performance is to compare measure results to benchmarks.

Figure 44a and Figure 44b show the MCO Variation from MY2023 to MY2024.

The triangles represent statistically significant changes in measure results between MY2023 and MY2024 for that MCO; triangles pointing down represent a statistically significant decrease and triangles pointing up indicate a statistically significant increase in performance for that MCO between years. The shading indicates performance compared to national benchmarks for the HEDIS measures, and a state-assigned benchmark for the two RDA measures related to behavioral health. Darker colors indicate higher performance in terms of benchmarks.

Figure 44a. MCO Variation from MY2023 to MY2024.

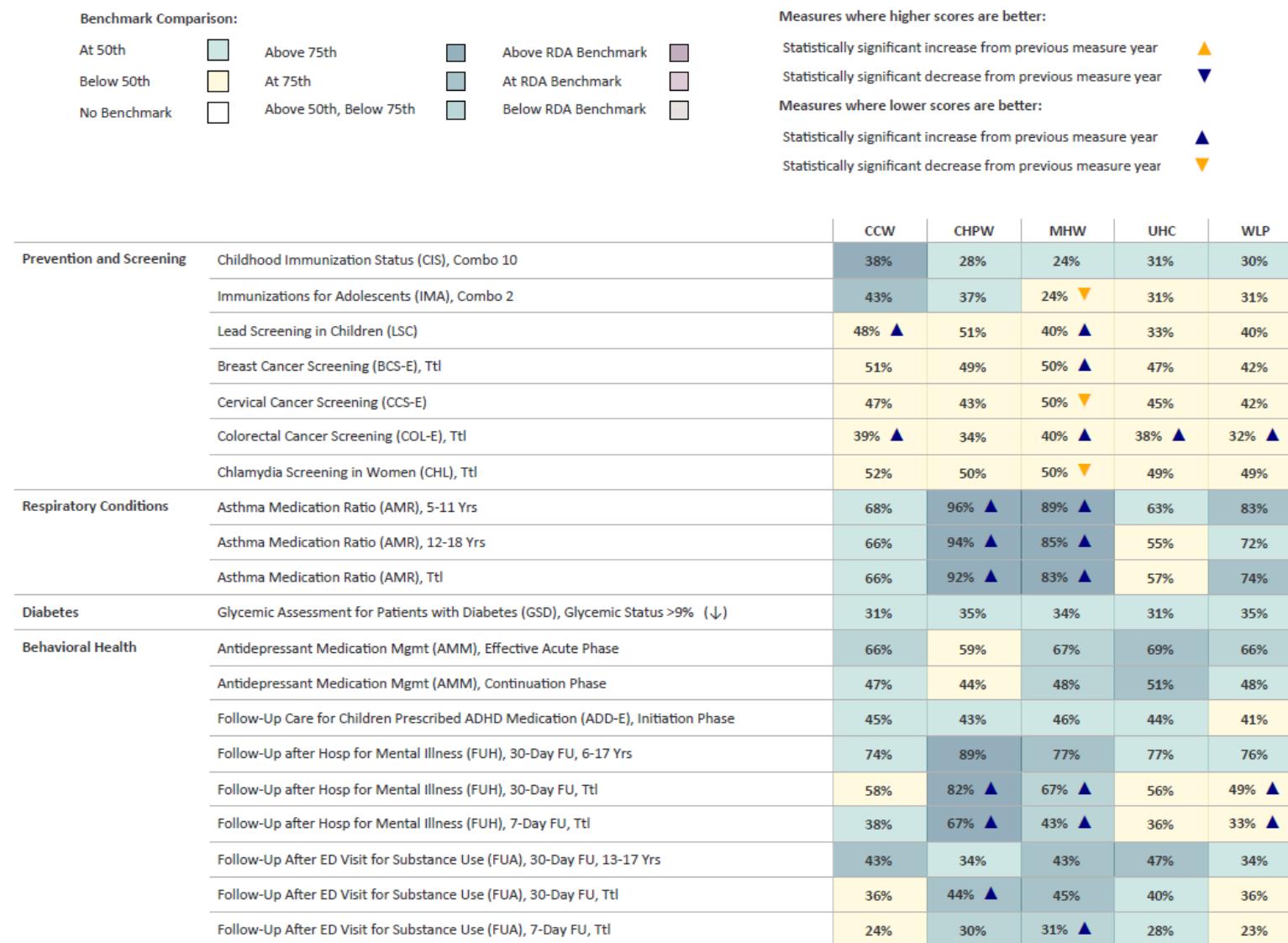
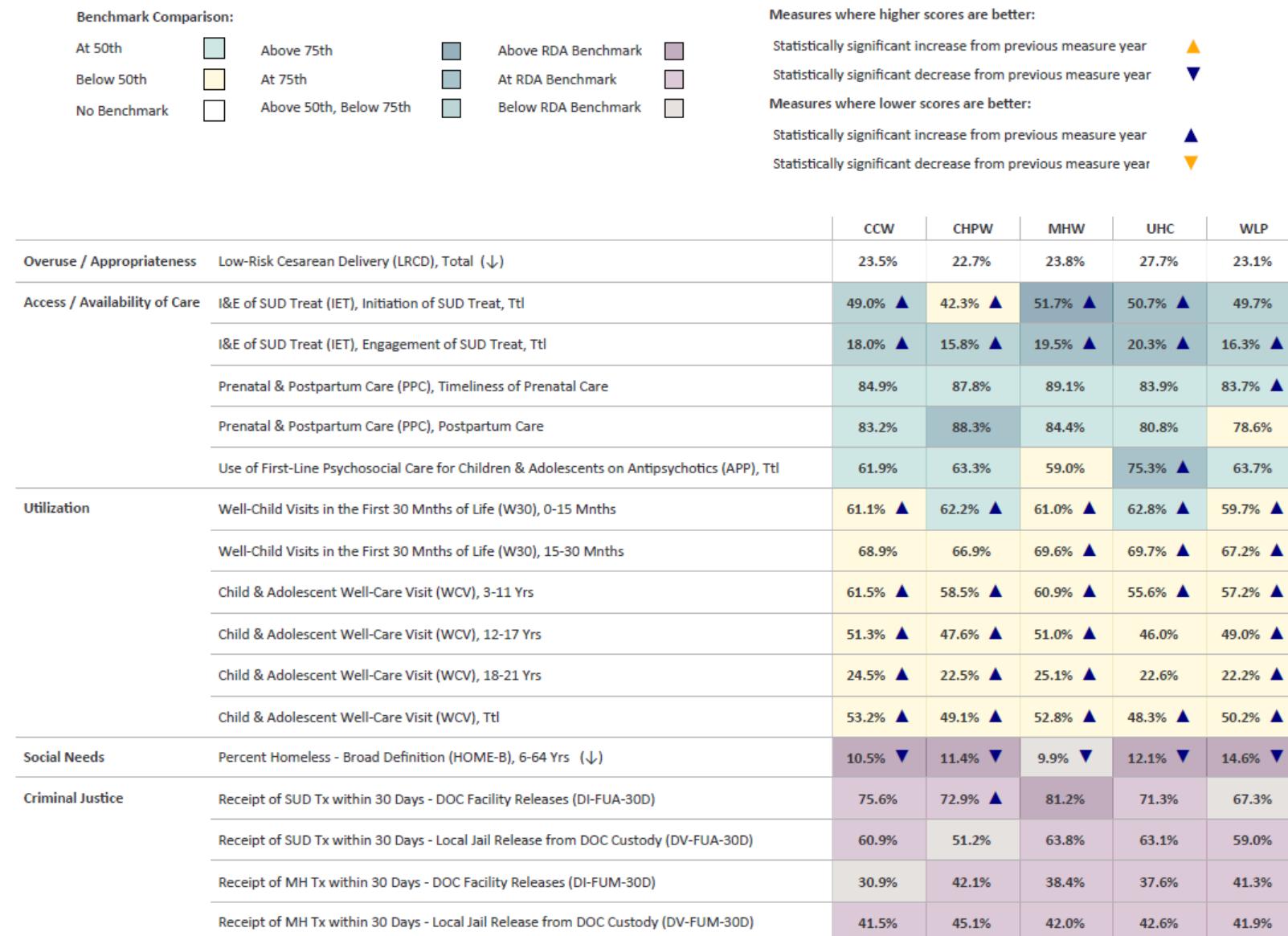
( For this measure lower scores are better.)

Figure 44b. MCO Variation from MY2023 to MY2024, Continued.



(↓) For this measure lower scores are better.

Below are the notable findings from this analysis.

Prevention and Screening – There is variation when compared to the national benchmarks for the Childhood Immunization Status (CIS), Combo 10 measure. CCW's rate for the Childhood Immunization Status (CIS), Combo 10 is above the national 75th percentile. The remaining four MCOs are all at the national 50th percentile.

Similarly, CCW performs better than the other MCOs for the Immunizations for Adolescents (IMA), Combo 2 measure. CCW's rate for the Immunizations for Adolescents (IMA), Combo 2 is at the national 75th percentile. CHPW is at the national 50th percentile; the other three MCOs are below the national 50th percentile.

There is no variation when compared to national benchmarks for the remaining prevention and screening measures. All MCOs perform below the national 50th percentile.

Chronic Care – There is variation for the Asthma Medication Ratio (AMR) measures when compared to the national benchmarks. For all age bands reported, CHPW and MHW are above the national 75th percentile. WLP is at national 75th percentile for the age 5-11 and total measures; they are at the national 50th percentile for the age 12-18 measure. CCW is at the national 50th percentile for all Asthma Medication Ratio (AMR) measures reported. UHC has the lowest performance, with the age 5-11 measure at the national 50th percentile, and the other two measures below the national 50th percentile.

All MCOs are at the national 50th percentile for the Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% measure.

Behavioral Health – In general, there is considerable variation in performance for the behavioral health measures. CHPW performs better than the other MCOs on most measures; the exception is the Antidepressant Medication Management (AMM) measures where they are the only MCO that performs below the national 50th percentile. WLP has the lowest performance for behavioral health, with five of the nine measures reported in this category below the national 50th percentile.

Access/Availability of Care – There is variation in the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures. Although CHPW performs well for many behavioral health measures, they perform below the national 50th percentile for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total measure. MHW performs the best for these measures.

There is no variation for the Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measure; all MCOs are at the national 50th percentile. There is variation for the Postpartum Care component for this measure, however. CHPW is at the national 75th percentile; WLP is below the national 50th percentile. The statewide rate and the other three MCOs are at the national 50th percentile.

For the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measure, UHC is at the national 75th percentile; MHW is below the national 50th percentile. The remaining three MCOs are at the national 50th percentile.

Utilization – This category comprises the well-child visits. When compared to national benchmarks, the MCOs fell below the national 50th percentile for most of these measures. The exception was CCW's and CHPW's performance on the Well-Child Visits in the First 30 Months of Life (W30), 0-15 months measure, where they are at the national 50th percentile.

Social Needs – There is variation in the homeless rates reported across MCOs. It is important to note that the focus for MCOs for these measures is ensuring this vulnerable population has the necessary supports and a lower or higher rate does not reflect on MCO performance. A higher rate of homelessness may also indicate an MCO has a population with a greater illness burden that could be reflected in other measures.

There is also scattered variation for the criminal justice measures, with most MCOs performing at the benchmark for this measure. MHW performed above the benchmark for the Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D) measure; WLP performed below the benchmark for this measure. CCW performed below the benchmark for the Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D) measure.

MCO Performance by Race/Ethnicity

HCA has been laying the groundwork to address health disparities with the VBP recommendations process. For several years Comagine Health has incorporated information from the Comparative Analysis Report to identify measures with the potential to address health disparities as part of the VBP recommendations process. This information has been used to inform and prioritize measure recommendations.

Based on findings reported within the annual Comparative Analysis Report, HCA's VBP Health Equity Workgroup established criteria for health equity measure selection:

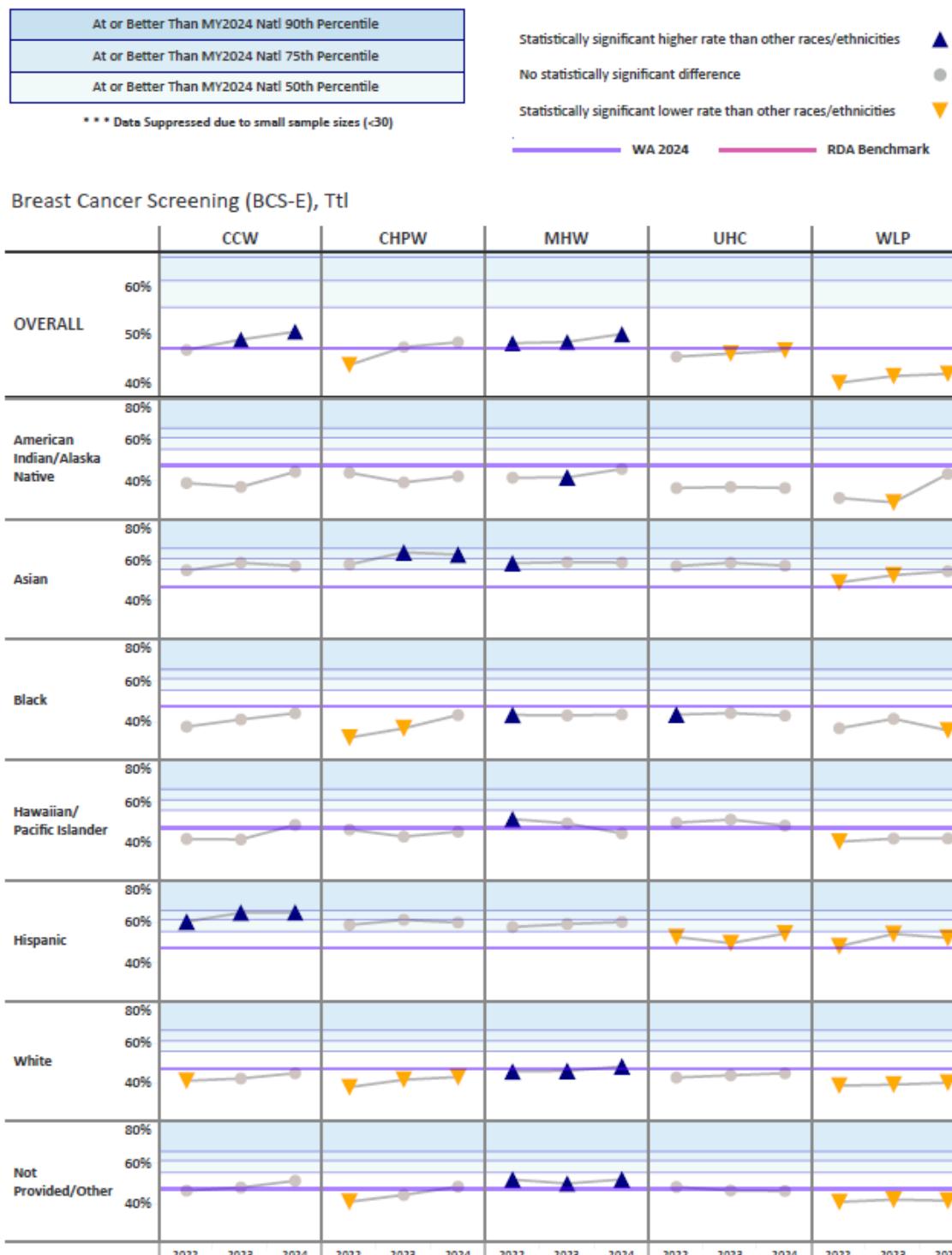
- **Address Disparities** – Incentives targeted for historically marginalized populations
- **NCQA stratification** – MCO-specific race and ethnicity data available in existing HEDIS data
- **Collective Impact** – Measure is already included on AH-IMC-withhold quality performance list
- **Measure consistency** – No indication measure will be retired or see significant changes in technical specifications
- **Persistent disparity** – Measure has a statewide disparity for two or more consecutive years

HCA also has plans to engage their MCO Community Advisory Councils (CACs) in this work, with the understanding that community partnerships will be the key to addressing the issues that lead to health disparities. Because the CACs were too new to provide measure selection feedback this year, HCA's VBP Health Equity Workgroup recommended three measures for consideration with specific populations where there have been persistent health disparities and meet criteria for health equity measure selection:

- Breast Cancer Screening (BCS-E) for the people who are American Indian/Alaska Native or Black
- Child and Adolescent Well-Care Visits (WCV) for people children age 3-11 who are American Indian/Alaska Native, Black, or Hawaiian/Pacific-Islander
- Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up for people who are Black

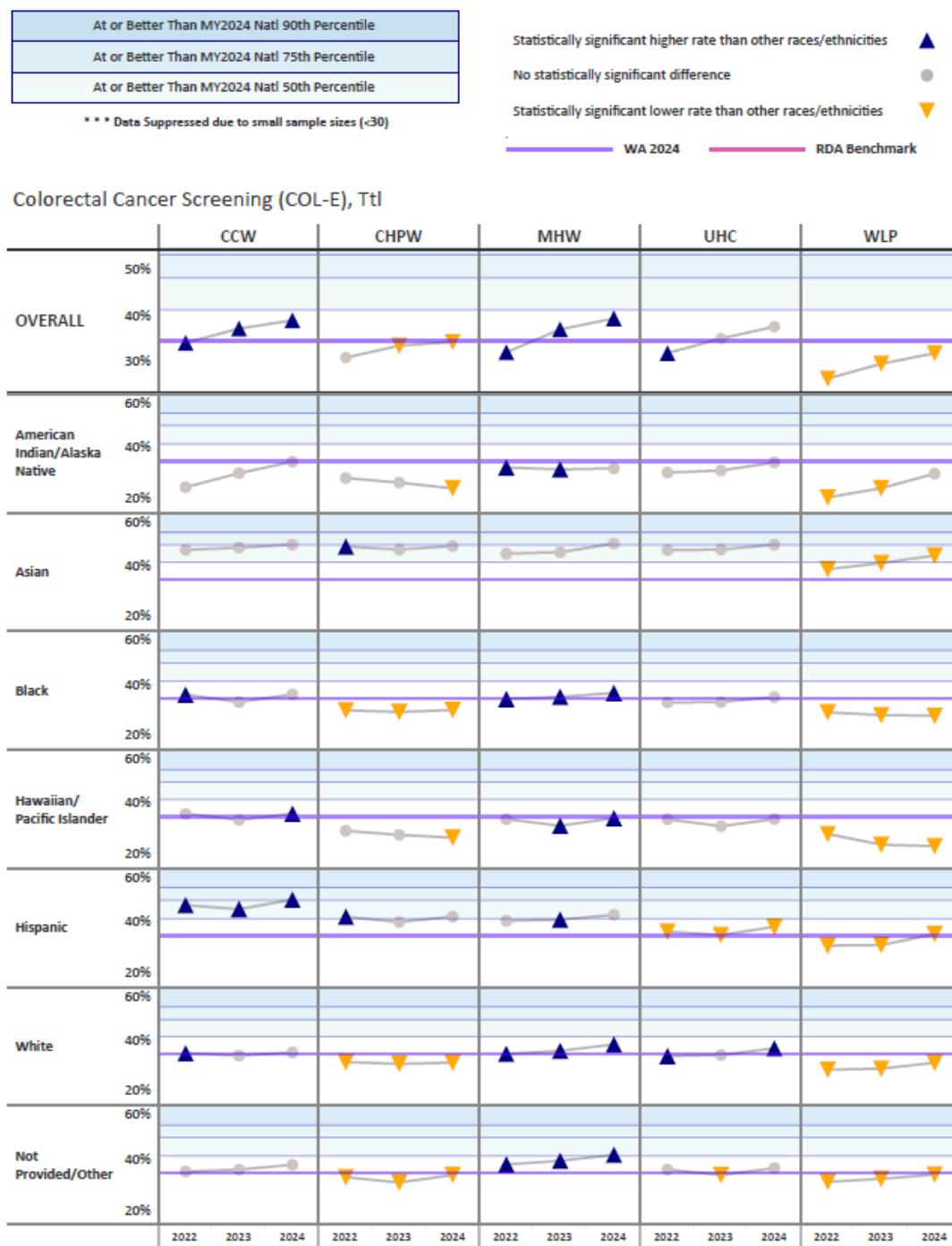
The intent is to include one of these measures for a specific population as a VBP sub-measure for the MCOs in MY2026. The work has just begun to establish the appropriate community partners to collaborate on these improvements. HCA plans to continue to support MCO development of their CACs to support their involvement in future VBP health equity measure selection.

Figure 45 through Figure 49 show five selected measures by MCO and race/ethnicity. For the most part, MCO appears to be a bigger driver of measure performance than race/ethnicity. For example, MHW performs well across all races and WLP does not perform as well.

Figure 45. Breast Cancer Screening (BCS-E), Variation in Rates by MCO and Race/Ethnicity, MY2024.

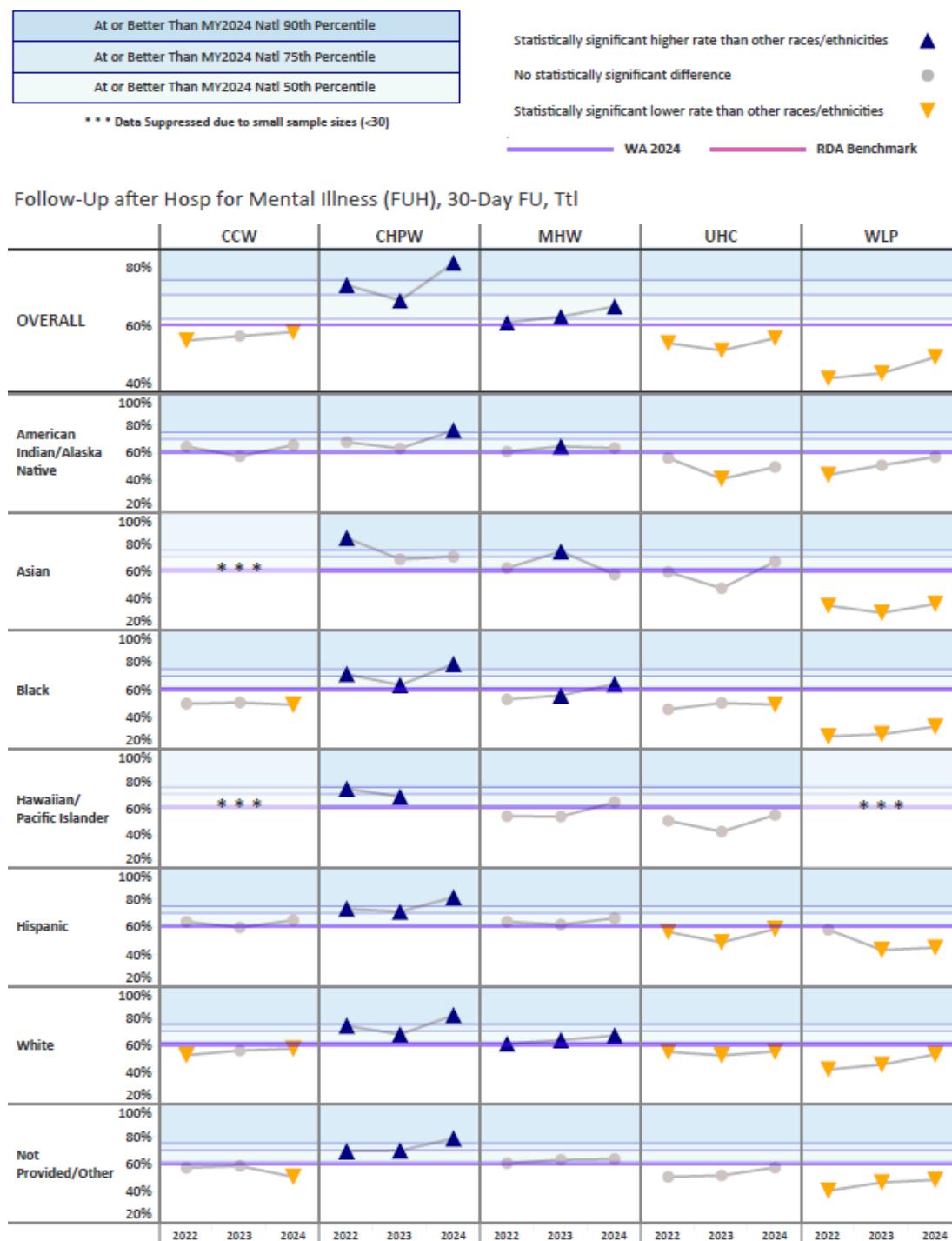
*These are the categories MCOs provide to HCA in eligibility data files. The "Other" category is defined as "client identified as a race other than those listed." And the "Not Provided" category is defined as "client chose not to provide." These two categories account for 21% of all enrollees.

Figure 46. Colorectal Cancer Screening (COL-E), Total, Variation in Rates by MCO and Race/Ethnicity, MY2024.



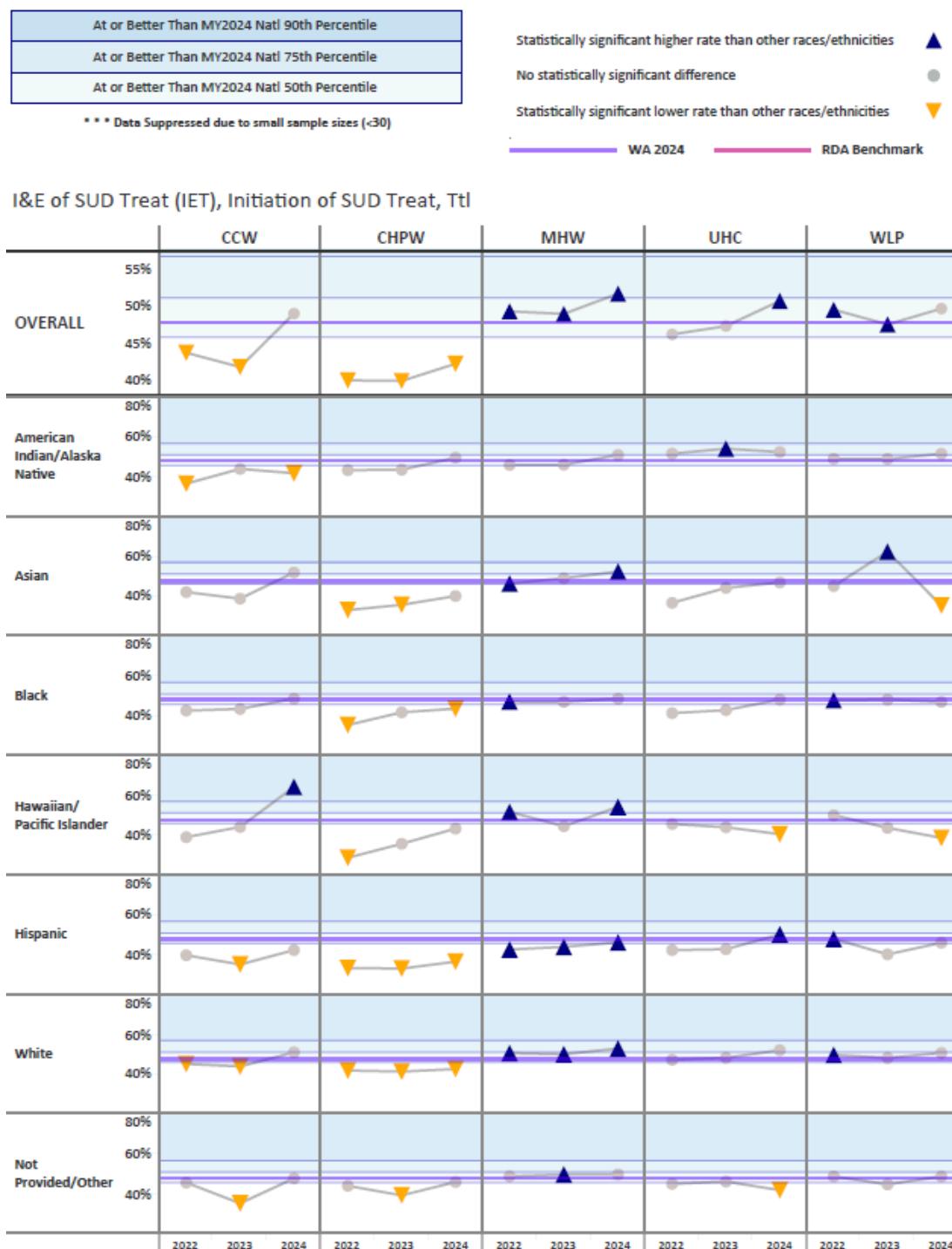
*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.” These two categories account for 21% of all enrollees.

Figure 47. Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total, Variation in Rates by MCO and Race/Ethnicity, MY2024.



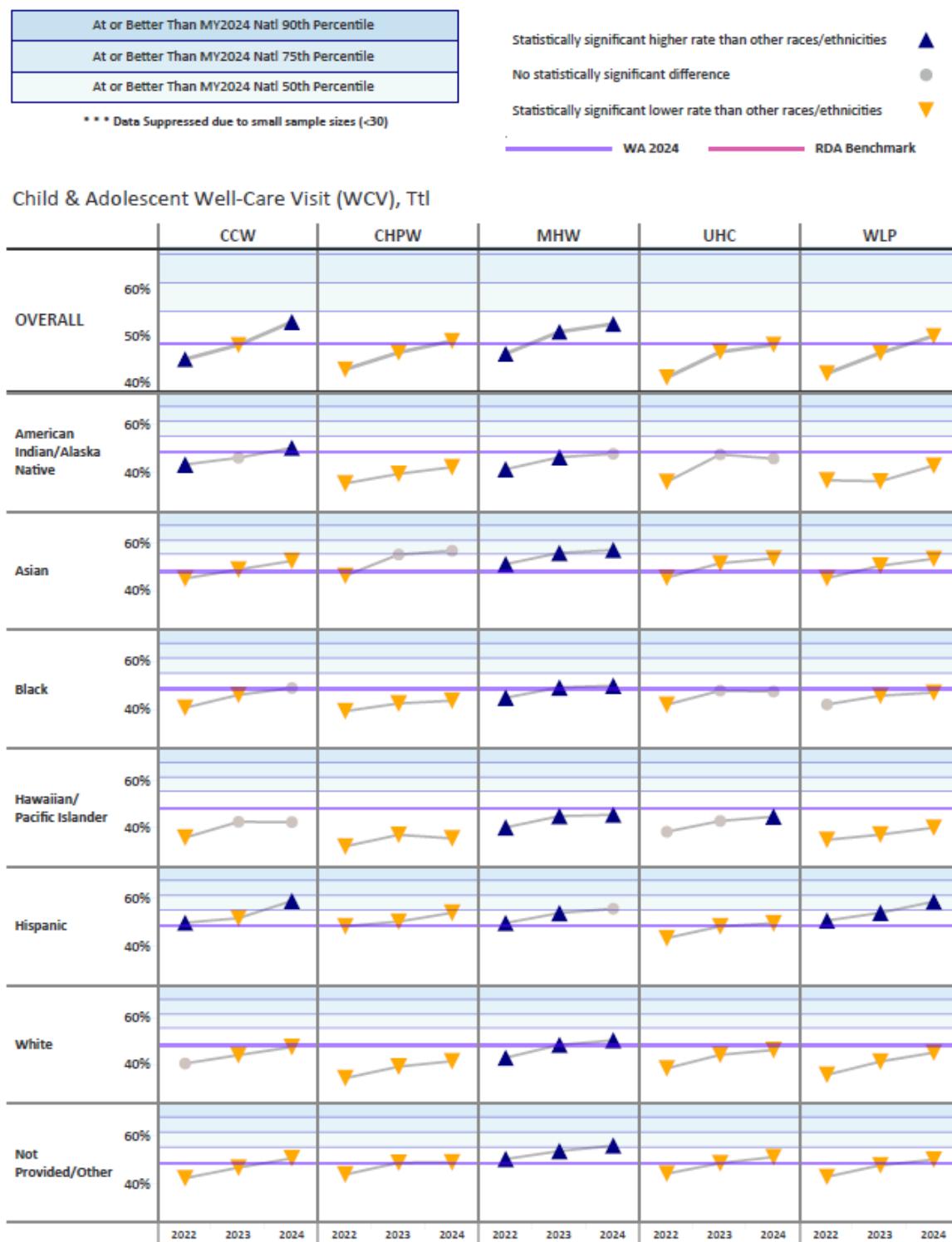
*These are the categories MCOs provide to HCA in eligibility data files. The "Other" category is defined as "client identified as a race other than those listed." And the "Not Provided" category is defined as "client chose not to provide." These two categories account for 21% of all enrollees.

Figure 48. Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total, Variation in Rates by MCO and Race/Ethnicity, MY2024.



*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.” These two categories account for 21% of all enrollees.

Figure 49. Child and Adolescent Well-Care Visits (WCV), Total, Variation in Rates by MCO and Race/Ethnicity, MY2024.



*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.” These two categories account for 21% of all enrollees.

MCO Scorecards

Comagine Health compared MCO performance on each measure to the statewide simple average for that measure and created a “scorecard” chart for each MCO. Comagine Health chose to use the simple average for the MCO scorecards because the Apple Health MCOs are of such different sizes. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

Below is a summary of the key findings from the MCO scorecards.

- **CCW** performs higher than the state simple average for several measures, although in many of the cases there was no statistically significant difference detected in their performance. CCW was statistically significantly above the state simple average for several prevention and screening measures, as well as for several well-child visit measures. The measures that were above the state simple average were very similar to what was reported in the 2024 Comparative Analysis Report. CCW performed below the state simple average for several behavioral health and criminal justice measures. CCW also had several statistically significant improvements in year-over-year measure results.
- **CHPW** performs close to the statewide simple average for most measures. CHPW did perform significantly better than the statewide simple average for all Follow-Up after Hospitalization for Mental Illness (FUH) measures, Lead Screening in Children (LSC), Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D) and Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care measures. The measures that were above the state simple average were very similar to what was reported in the 2024 *Comparative Analysis Report*. CHPW performed significantly below the state simple average for two of the criminal justice measures and a handful of behavioral health measures. Although CCW performed well above the state average for the Hospitalization for Mental Illness (FUH) measures, there was a statistically significant decline in performance between MY2023 and MY2024.
- **MHW** performed at or above the statewide simple average for 34 of 37 measures and significantly better than the state average on 28 measures. MHW demonstrated a mix of statistically significant improvements and declines for many of the measures.
- **UHC** performed significantly better than the statewide average for the Antidepressant Medication Management (AMM), Initiation and Engagement of Substance Use Disorder Treatment (IET), Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total and Colorectal Cancer Screening (COL-E) measures. UHC performed significantly below the state simple average for the Asthma Medication Ratio (AMR), Lead Screening in Children (LSC), Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day and 7-Day Follow-Up, Total, Prenatal and Postpartum Care (PPC), Postpartum Care and Low-Risk Cesarian Delivery (LRCD), Total measures. Note that measures below the state simple average is similar to what was reported in the 2024 *Comparative Analysis Report*. There were statistically significant improvements for a small handful of measures, with a statistically significant decline for the Percent Homeless - Broad Definition (HOME-B), 6-64 Years measure.
- **WLP** performed below the state simple average for 24 of the 37 measures and significantly worse than the statewide average on 14 measures, including many preventive screening measures, behavioral health measures, prenatal and post-partum care measures, well-child visit measures, homelessness and Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D) measures. WLP demonstrated statistically significant improvement over their previous performance

year for the Child and Adolescent Well-Care Visit (WCV) and Colorectal Cancer Screening (COL-E) measures. WLP showed a statistically significant decline for the Childhood Immunization Status (CIS), Combo 10, Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care and a few behavioral health measures.

More detail on the specific measures where the MCOs performed well can be found on the following pages.

Figure 50 shows a snapshot of the scorecard to illustrate how to read the MCO scorecards. The measures are listed in the left column with MCO performance listed in the shaded column in the middle. The bright blue vertical bar illustrates the Statewide Simple Average. The right column lists the raw difference between the MCO performance and the Statewide Simple Average.

Color coding: Purple shading indicates that the MCOs performance is statistically significantly above the statewide simple average. Orange shading indicates MCO performance is statistically significantly below the statewide simple average. Gray shading indicates MCO performance is no different than the statewide simple average. Note that even though the MCO rate can be several percentage points above or below the statewide average the results may not be statistically different and will be shaded gray.

Figure 50. Example of MCO Scorecard.

The MCO performance scorecards on the following pages (Figure 51 through Figure 55) highlight the variance of measures from the simple state average. Comagine Health chose to use the simple average for the MCO scorecards as the Apple Health MCOs are of such different sizes.

Please note that the simple state average is different than the weighted state average used in other sections of the report. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans (rather than a weighted average) mitigates those concerns.

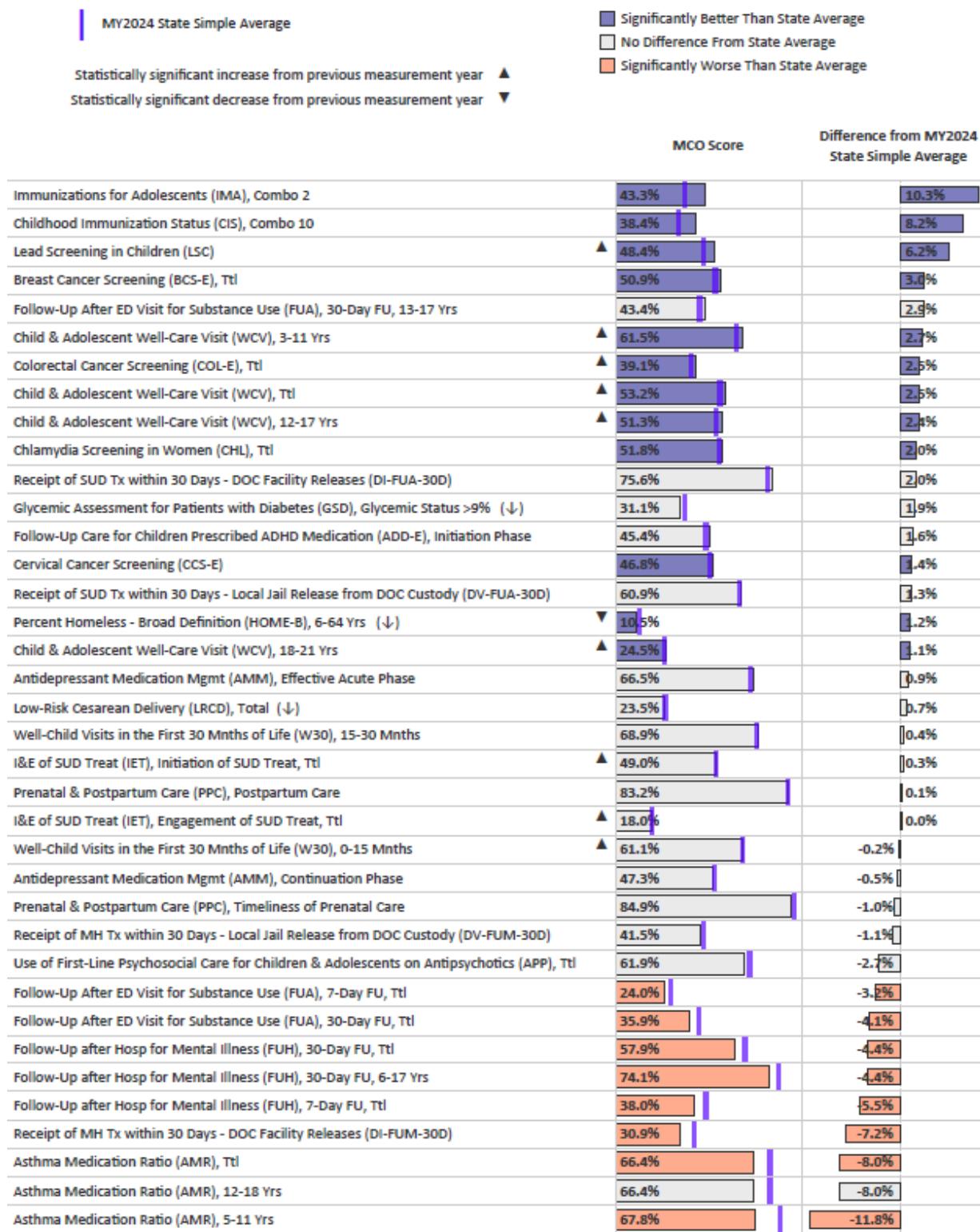
Please refer to the methodology section of this report for more information on how the simple state average is calculated.

Coordinated Care of Washington (CCW)

CCW performs higher than the state simple average for several measures, although in many of the cases there was no statistically significant difference detected in their performance (Figure 51). CCW was statistically significantly above the state simple average for the Colorectal Cancer Screening (COL-E), the Breast Cancer Screening (BCS-E), the Child and Adolescent Well-Care Visits (WCV), 3-11 Years, the Child and Adolescent Well-Care Visits (WCV), Total and the Percent Homeless - Broad Definition (HOME-B), 6-64 Years measures. These measures are very similar to what was reported on the 2024 Comparative Analysis report.

CCW performed below the statewide simple average for the Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D), Receipt of Mental Health Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUM-30D), Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total and both the Initiation and Engagement of FUA Treatment components of the Initiation and Engagement of Substance Use Disorder Treatment (IET) measures.

CCW also had several statistically significant improvements in year-over-year measure results.

Figure 51. CCW Scorecard, MY2024.

(↓) For this measure lower scores are better.

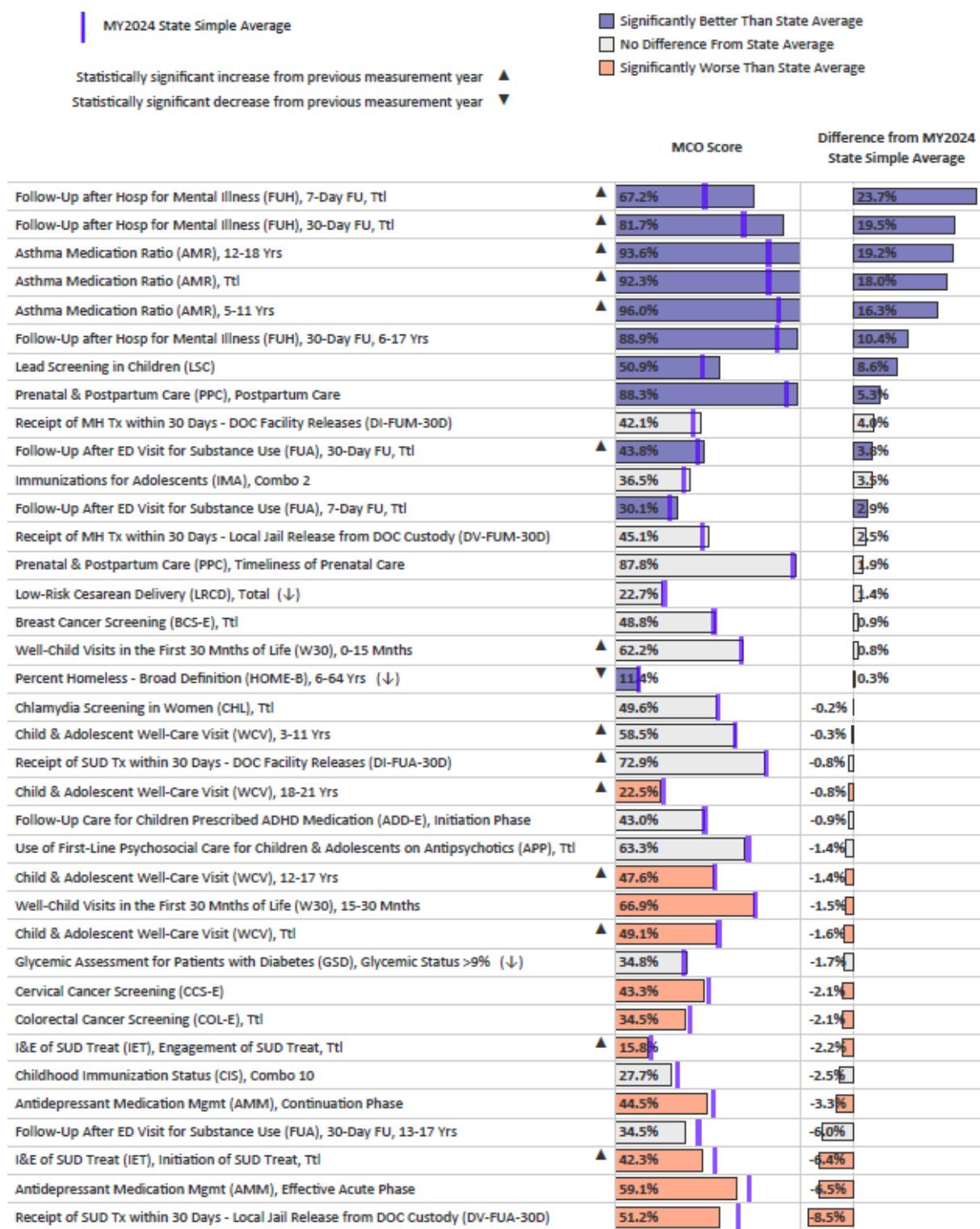
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Community Health Plan of Washington (CHPW)

For most measures, CHPW performs close to the statewide simple average. CHPW did perform significantly better than the statewide simple average for all Follow-Up after Hospitalization for Mental Illness (FUH) measures (Figure 52). In addition, CHPW performed significantly above the state simple average for the Asthma Medication Ratio (AMR), Prenatal and Postpartum Care (PPC), Postpartum Care, Lead Screening in Children (LSC), Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total, Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total and Percent Homeless - Broad Definition (HOME-B), 6-64 Years measures.

CHPW performed significantly below the state simple average for the Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D), Receipt of Substance Use Disorder Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUA-30D), Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total, and Antidepressant Medication Management (AMM) measures.

CHPW has statistically significant improvements for several measures between MY2023 and MY2024. There was a statistically significant decline in performance for the Percent Homeless - Broad Definition (HOME-B), 6-64 Years measure.

Figure 52. CHPW Scorecard, MY2024.

(↓) For this measure lower scores are better.

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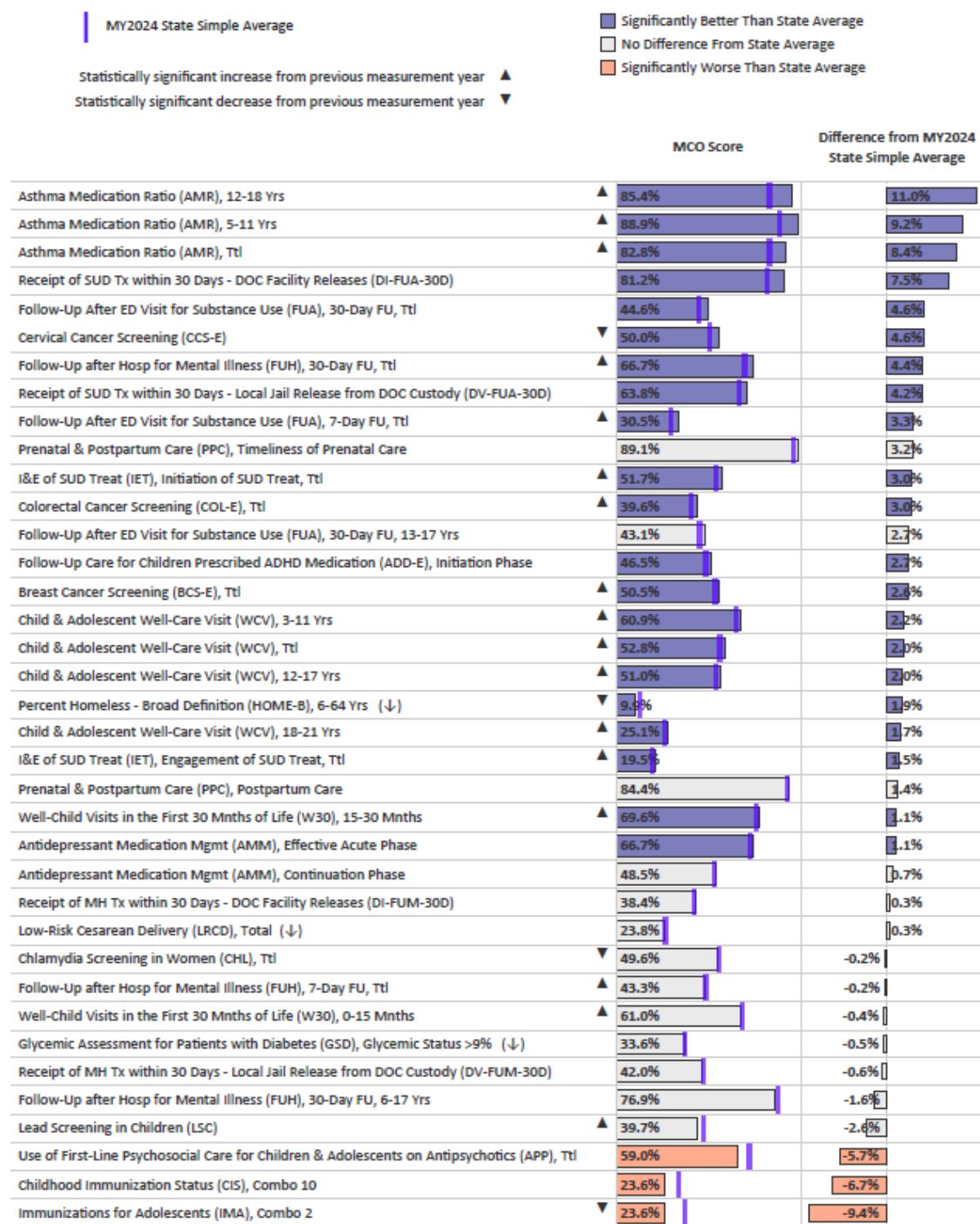
Molina Healthcare of Washington (MHW)

MHW performed at or above the statewide simple average for 34 of 37 measures and significantly better than the state average on 28 measures (Figure 53). Measures that are notably above the statewide simple average include Asthma Medication Ratio (AMR) and Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D), measures.

MHW performed significantly below the state simple average for the Immunizations for Adolescents (IMA), Combo 2, Childhood Immunization Status (CIS), Combo 10 and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total measures.

As a reminder, comparisons are made using the state simple average to mitigate the impact of plan size when comparing a particular plan's performance. MHW, in fact, performs well after mitigating the impact its size would have on the state average.

There is a mix of measures with statistically significant year-over-year improvements and declines.

Figure 53. MHW Scorecard, MY2024.

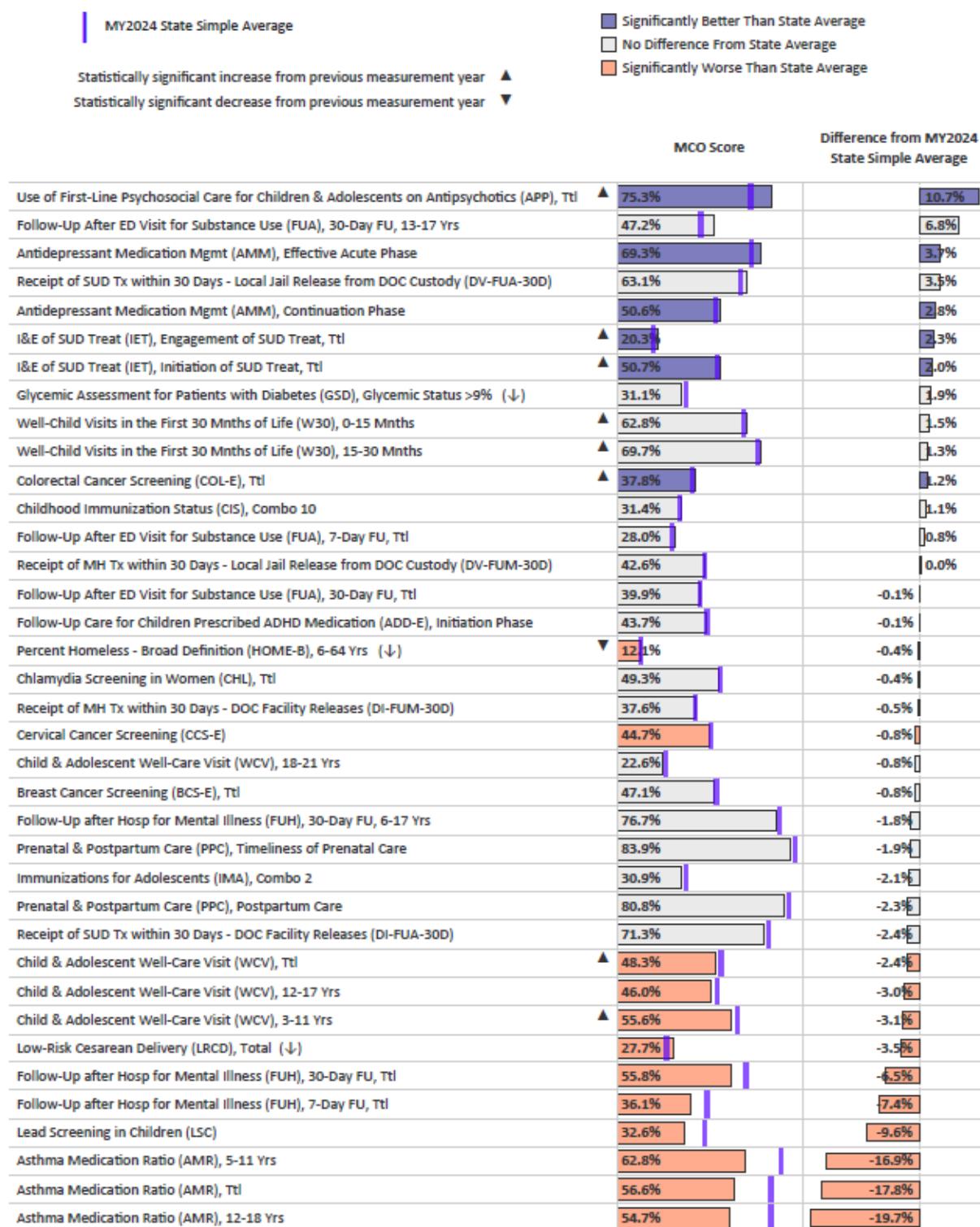
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UnitedHealthcare Community Plan (UHC)

UHC performed significantly better than the statewide average for the Antidepressant Medication Management (AMM), Initiation and Engagement of Substance Use Disorder Treatment (IET), Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total and Colorectal Cancer Screening (COL-E) measures (Figure 54).

UHC performed significantly below the state simple average for the Asthma Medication Ratio (AMR), Lead Screening in Children (LSC), Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day and 7-Day Follow-Up, Total, Prenatal and Postpartum Care (PPC), Postpartum Care and Low-Risk Cesarian Delivery (LRCD), Total measures. Note this result is similar to what was reported in the 2024 Comparative Analysis Report.

There were statistically significant improvements for a small handful of measures, with a statistically significant decline for the Percent Homeless - Broad Definition (HOME-B), 6-64 Years measure.

Figure 54. UHC Scorecard, MY2024.

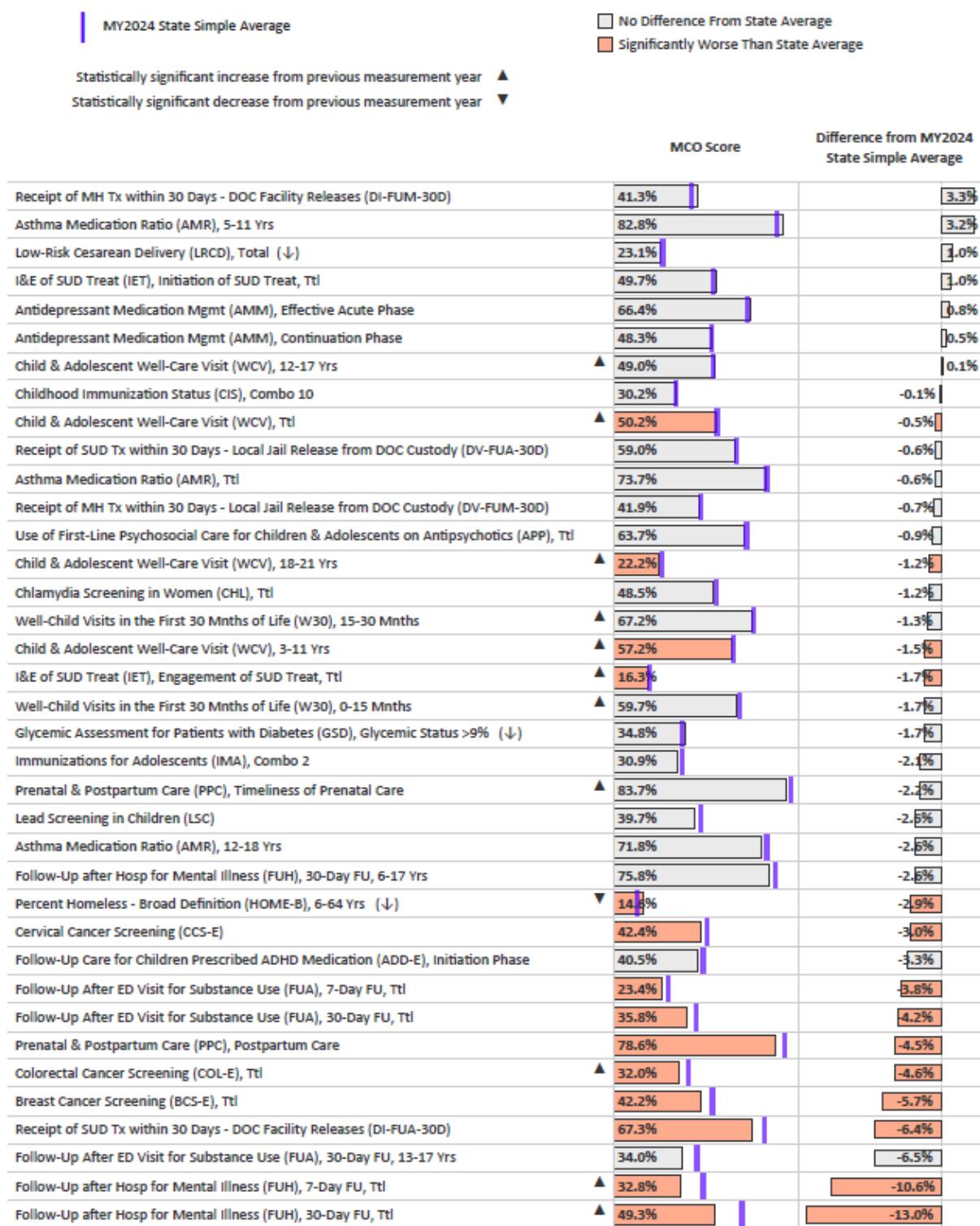
(↓) For this measure lower scores are better.

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Wellpoint Washington, Inc. (WLP)

As shown in Figure 55, WLP scored significantly below the statewide simple average, including many preventive screening measures, behavioral health measures, prenatal and post-partum care measures, well-child visit measures, homelessness and Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D) measures. These results are similar to what was reported in the 2024 Comparative Analysis Report.

WLP does not score significantly above the statewide simple average for any measure.

Figure 55. WLP Scorecard, MY2024.

(↓) For this measure lower scores are better.

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Regional Comparison

This section compares the selected measures by geographic region. The regional comparison is imperative because it provides contextual information on the potential unique population needs and health inequities within each region. The regional comparison provides additional depth and understanding of the health and well-being of Medicaid enrollees. As shown in Table 3 below, six of the 10 regions are covered by all five MCOs. The remaining four regions are covered by four of the MCOs, excluding UHC. There is less variation in MCO coverage by region as in the past.

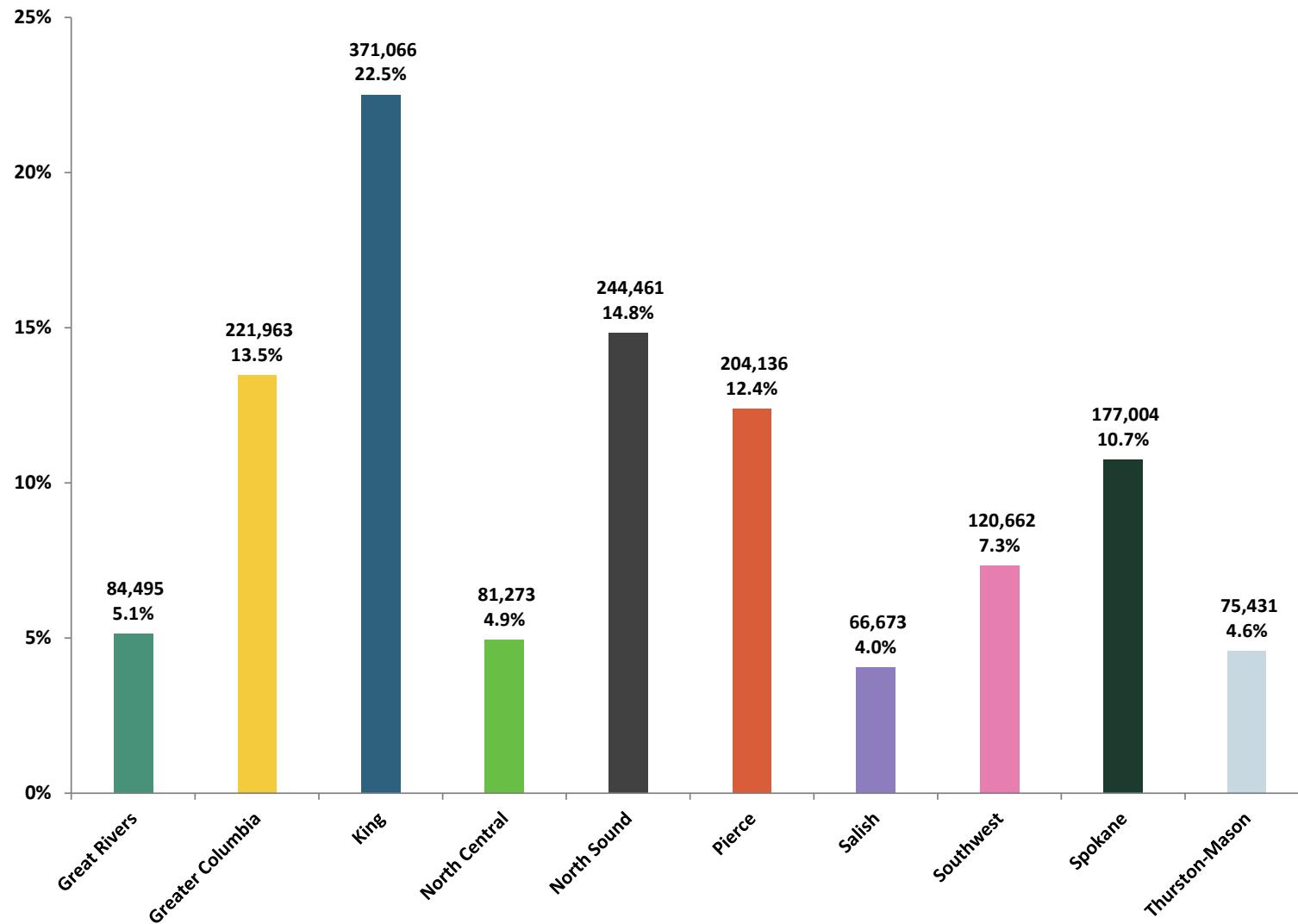
Table 3. MCO Coverage by Region (AH-IMC and AH-BHSO only).

Regions	Managed Care Organizations				
	CCW	CHPW	MHW	UHC	WLP
Great Rivers <i>Cowlitz, Grays Harbor, Lewis, Pacific and Wahkiakum counties</i>	✓	✓	✓	✓	✓
Greater Columbia <i>Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman and Yakima counties</i>	✓	✓	✓	—	✓
King <i>King County</i>	✓	✓	✓	✓	✓
North Central <i>Chelan, Douglas, Grant and Okanogan counties</i>	✓	✓	✓	—	✓
North Sound <i>Island, San Juan, Skagit, Snohomish and Whatcom counties</i>	✓	✓	✓	✓	✓
Pierce <i>Pierce County</i>	✓	✓	✓	✓	✓
Salish <i>Clallam, Jefferson and Kitsap counties</i>	✓	✓	✓	✓	✓
Southwest <i>Clark, Klickitat and Skamania counties</i>	✓	✓	✓	—	✓
Spokane <i>Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties</i>	✓	✓	✓	—	✓
Thurston-Mason <i>Mason and Thurston counties</i>	✓	✓	✓	✓	✓

Demographics by Region

As with MCO performance compared in previous sections, differences between the member populations of each region may impact regional performance on different measures.

Figure 56 shows Medicaid enrollment by region. Not surprisingly, the regions that include the Seattle metropolitan area have the largest enrollment, while the more sparsely populated Great Rivers, North Central, Salish and Thurston-Mason regions have the smallest Medicaid enrollments.

Figure 56. Percent Enrollment of Total Apple Health Enrollment Statewide by Region, MY2024.

Age Range

Across regions, the largest percentage of enrollees are ages 21 to 44 (Figure 57). All regions have enrollees across all age groups. In this chart and those that follow, the darker blue signifies a higher percentage, while lighter blue signifies lower, with a medium gradient for those values in between.

Figure 57. Percent Enrollment by Region and Age Range, MY2024.

Age Range	Great	Greater	North	North	Thurston-					
	Rivers	Columbia	King	Central	Sound	Pierce	Salish	Southwest	Spokane	Mason
Age 0 to 5	14.6%	17.1%	14.5%	17.2%	15.8%	16.0%	13.5%	15.6%	15.1%	14.7%
Age 6 to 12	18.3%	21.0%	16.8%	21.2%	18.5%	19.0%	16.8%	18.7%	18.5%	18.1%
Age 13 to 20	18.1%	22.1%	16.8%	23.0%	17.9%	18.1%	16.0%	18.9%	17.9%	16.8%
Age 21 to 44	30.3%	28.1%	33.9%	25.6%	31.1%	31.6%	34.0%	31.6%	32.9%	33.3%
Age 45 to 64	18.5%	11.4%	17.4%	12.7%	16.2%	15.0%	19.6%	14.9%	15.4%	16.9%
Age 65+	0.2%	0.2%	0.6%	0.2%	0.4%	0.4%	0.2%	0.4%	0.3%	0.2%



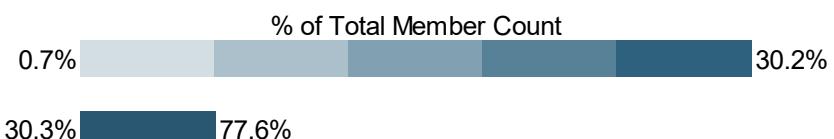
Race and Ethnicity

This data is reported in categories to align eligibility data collected and provided by DSHS when a client enrolls in Apple Health. Note that in addition to a specific race, members could select “other,” meaning, “client identified as a race other than those listed.” The “not provided” category is defined as, “client chose not to provide;” in other words, the member did not select any of the race categories.

Figure 58 shows that the member population for most regions is at least 50% white. The exception being the King region, which is 36.9% white, 20.6% Black, 11.8% Asian and 6.7% Hawaiian/Pacific Islander. All regions have at least a 1% American Indian/Alaskan Native membership, with the highest percentages in the Great Rivers, Salish, Spokane and Thurston-Mason regions.

Figure 58. Statewide Apple Health Enrollees by Region and Race/Ethnicity, MY2024.*

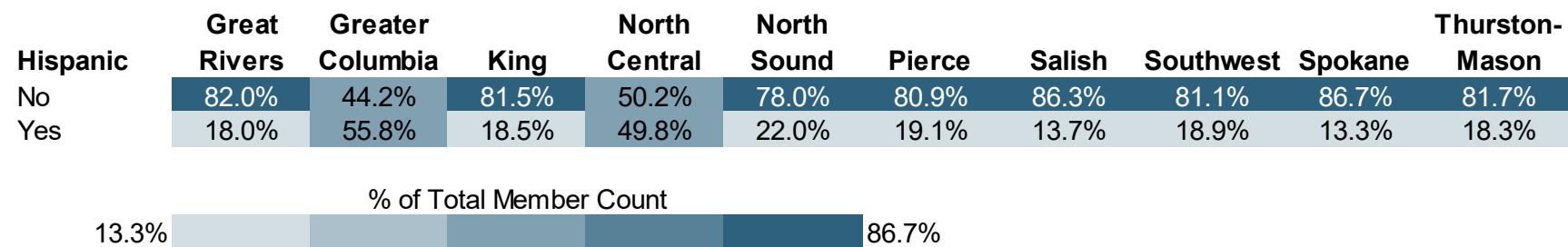
Race/Ethnicity	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
White	77.6%	55.9%	36.9%	64.3%	59.8%	50.5%	70.3%	67.0%	74.0%	66.6%
Other	8.3%	30.2%	13.8%	22.0%	13.8%	11.1%	6.9%	10.5%	6.9%	9.0%
Not Provided	5.0%	6.6%	8.3%	8.3%	8.1%	6.4%	6.4%	6.9%	5.0%	5.4%
Black	2.4%	2.5%	20.6%	1.4%	6.6%	15.8%	5.6%	5.3%	5.4%	7.0%
Asian	1.2%	1.2%	11.8%	0.7%	5.3%	5.3%	2.0%	2.9%	1.7%	3.7%
American Indian/Alaska Native	3.6%	2.3%	1.9%	2.7%	2.9%	2.5%	3.7%	2.1%	3.4%	3.5%
Hawaiian/Pacific Islander	1.8%	1.2%	6.7%	0.7%	3.6%	8.5%	5.1%	5.2%	3.6%	4.6%



*These are the categories MCOs provide to HCA in eligibility data files. The “Other” category is defined as “client identified as a race other than those listed.” And the “Not Provided” category is defined as “client chose not to provide.” These two categories account for 21% of all enrollees.

Figure 59 shows the breakdown of the Apple Health enrollment by Hispanic indicator. The majority of the enrollees are non-Hispanic in most regions. The exceptions are the Greater Columbia and North Central regions. Most Apple Health members who reside in the Greater Columbia region are Hispanic, accounting for 55.8% of the total membership. Hispanics represent 49.8% of the Apple Health population in the North Central region.

Figure 59. Statewide Apple Health Enrollees by Region and Hispanic Indicator, MY2024.

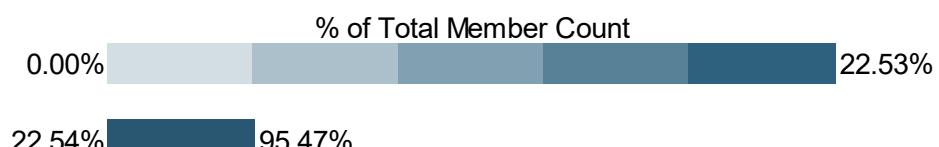


Primary Spoken Language by Region

Figure 60 shows the variation in primary spoken language by region. After English, Spanish; Castilian is the second most commonly spoken language across regions, with Greater Columbia and North Central having the highest percentages. Russian is the third most common language, with the Southwest region having the highest percentage.

Figure 60. Statewide Apple Health Enrollees by Region and Spoken Language, MY2024.

Spoken Language	Great Rivers	Greater Columbia	King	North Central	North Sound	Pierce	Salish	Southwest	Spokane	Thurston-Mason
English	93.5%	79.1%	79.2%	76.3%	85.4%	89.9%	95.5%	85.8%	93.4%	93.0%
Spanish; Castilian	5.36%	19.43%	7.92%	22.53%	8.39%	5.15%	3.42%	6.04%	2.94%	5.32%
Russian	0.07%	0.21%	1.30%	0.30%	1.51%	1.31%	0.05%	4.88%	1.15%	0.05%
Vietnamese	0.07%	0.08%	1.19%	0.05%	0.45%	0.50%	0.09%	0.21%	0.14%	0.40%
Chinese	0.04%	0.06%	1.40%	0.03%	0.27%	0.11%	0.09%	0.14%	0.05%	0.11%
Arabic	0.00%	0.21%	0.50%	0.00%	0.48%	0.15%	0.03%	0.17%	0.37%	0.05%
Ukrainian	0.03%	0.26%	1.47%	0.33%	1.68%	1.09%	0.03%	1.20%	0.23%	0.07%
Somali	0.00%	0.02%	0.81%	0.00%	0.01%	0.01%	NR	NR	0.01%	0.02%
Korean	0.01%	0.01%	0.15%	0.00%	0.16%	0.21%	0.04%	0.03%	0.01%	0.10%
Amharic	NR	0.00%	0.47%	NR	0.13%	0.02%	NR	0.01%	0.01%	0.00%
Tigrinya	0.00%	NR	0.38%	0.00%	0.09%	0.02%	NR	0.02%	0.05%	NR
Punjabi; Panjabi	0.01%	0.01%	0.20%	0.00%	0.14%	0.08%	0.01%	0.03%	0.01%	0.03%
Burmese	0.00%	0.07%	0.14%	0.00%	0.02%	0.00%	0.01%	0.02%	0.07%	0.01%
Farsi	NR	0.00%	0.23%	NR	0.08%	0.03%	0.01%	0.02%	0.04%	NR
Cambodian; Khmer	0.04%	0.00%	0.08%	NR	0.07%	0.10%	NR	0.02%	0.00%	0.06%
Other Language*	0.83%	0.59%	4.52%	0.45%	1.16%	1.31%	0.75%	1.38%	1.55%	0.76%



*Other Language is the sum of the 65 languages not specifically reported in this table and represents less than 2% of enrollees.

Note: NR in a cell means that those languages were not reported for that region.

Region-Specific Performance

This section presents performance on the selected measures by region. Appendix E: Regional Comparison Results contains state maps showing regional performance.

MCO Performance by Region

This analysis compares MCO performance within each RSA. The key question explored in this section is whether a particular MCO is performing differently within a region than the region as a whole. Each MCO's performance within the region is compared to the others who operate in the same region.

HCA provided the definitions of RSAs, which are defined by county. Note the RSAs reflect the regional footprint for the Integrated Managed Care plans. The HCA enrollment file includes the county of residence for each measure. This was used to stratify the measure results by RSA and MCO.

Similar to data presented in the Health Equity section of this report, denominators for some measures are very small once the data is stratified by RSA and MCO. Rates where the denominators are less than 30 have been suppressed and are indicated with “***”. Note that an “NR” will be used to indicate when there is no data reported for a particular cell. There may be regional variation in measure performance that cannot be identified with this analysis due to small denominators.

Figure 61 through Figure 70 include the results of this analysis. The yellow downward pointing triangles indicate MCOs that perform statistically below other MCOs that operate in the region; the blue upward pointing triangles indicate MCOs that perform statistically above other MCOs that operate in the region. If an MCO does not operate in that region, its column is grayed out. The regional simple average is provided for comparison. Note this simple average is calculated using the rates that are reported for each region; if the MCO does not operate in that region or if there is insufficient data for an MCO, their rate is excluded. Appendix D: Methodology contains more detail on all measures with sufficient denominators to report by region.

Summary of Regional Analysis

In previous reports, the conclusion from the regional analysis was that it appeared that MCO is a bigger driver in differences in performance than region. There was not considerable variation in a specific MCO's performance across regions; in other words, if an MCO performed well in one region, it tended to perform well in others.

This conclusion still holds for most regions. MHW still had strong performance in most regions. Conversely, WLP had weaker performance across several regions. However, in the Greater Columbia and North Central regions, MHW had weaker performance than other MCOs, with CCW and CHPW showing stronger performance in the Greater Columbia region, and CCW showing stronger performance in the North Central regions.

Great Rivers Region

For the prevention and screening measures, MHW performed statistically significantly higher than the other MCOs for the Breast Cancer Screening (BSC-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total than the other MCOs (Figure 61a and Figure 61b); WLP performed statistically significantly lower for these same measures. CCW, CHPW and UHC performed statistically significantly worse for the Cervical Cancer Screening (CCS-E) measure. CHPW and WLP both performed statistically significantly worse for the Colorectal Cancer Screening (COL-E), Total measure.

MHW performed statistically significantly higher than the other MCOs for the Asthma Medication Ratio (AMR) 12-18 Years and Total measures; UHC performed statistically lower for the Total measure.

For the behavioral health measures, MHW performed statistically significantly higher on the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total measure. CHPW also performed statistically significantly higher on the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total and Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total measures. There is scatter variation for the other behavioral health measures.

For the well-child visit measures, MHW performed statistically significantly higher on all measures. CHPW performed statistically significantly lower on the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure, while WLP performed statistically significantly lower on the Well-Child Visits in the First 30 Months of Life (W30), 15-20 Months measure. CHPW and UHC performed statistically significantly lower on all Child and Adolescent Well-Care Visits (WCV) measures, while CCW and WLP performed lower on a handful of individual age bands.

Figure 61a. Comparison of MCOs by Measure within Great Rivers Region, MY2024.

		Measures where higher is better:		Measures where lower is better:		Regional Simple Average					
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs						
		▲	▼	▲	▼	CCW	CHPW	MHW	UHC	WLP	
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10					***	***	***	***	***	***
	Immunizations for Adolescents (IMA), Combo 2					***	***	***	***	35%	35%
	Lead Screening in Children (LSC)					***	***	***	***	***	***
	Breast Cancer Screening (BCS-E), Ttl					39%	41%	49% ▲	47%	44% ▼	44%
	Cervical Cancer Screening (CCS-E)					32% ▼	25% ▼	48% ▲	38% ▼	41% ▼	37%
	Colorectal Cancer Screening (COL-E), Ttl					25%	21% ▼	33% ▲	31%	28% ▼	28%
	Chlamydia Screening in Women (CHL), Ttl					47%	43%	46%	40%	42%	44%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs					***	***	94%	***	***	94%
	Asthma Medication Ratio (AMR), 12-18 Yrs					***	***	91% ▲	***	***	91%
	Asthma Medication Ratio (AMR), Ttl					***	***	87% ▲	50% ▼	81%	73%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)					***	***	42%	37%	23%	34%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase					72%	62%	65%	68%	58% ▼	65%
	Antidepressant Medication Mgmt (AMM), Continuation Phase					46%	40%	47%	53%	45%	46%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase					58%	***	56%	65%	37% ▼	54%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs					***	***	83%	***	***	83%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl					51% ▼	86% ▲	72% ▲	59%	62%	66%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 61b. Comparison of MCOs by Measure within Great Rivers Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:												Regional Simple Average
		▲	▼	Statistically significant higher rate than other MCOs	Statistically significant higher rate than other MCOs	▲	▼	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl				33%	74% ▲		43%	43%	42%		47%		
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	***	***	***	***	***	***	***		
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			32%	51%	40%	36%	36%	36%	39%				
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			18%	35%	29%	24%	24%	24%	26%				
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			60%	43% ▼	58% ▲		53%	56%	54%				
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			18%	23%	23%		24%	24%	22%				
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			***	***	***		***	86%	86%				
	Prenatal & Postpartum Care (PPC), Postpartum Care			***	***	***		***	84%	84%				
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	69%		***	***	69%				
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			54%	46% ▼	66% ▲		55%	61%	57%				
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			77%	67%	75% ▲		68%	64% ▼	70%				
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			57%	47% ▼	61% ▲		45% ▼	56% ▼	53%				
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			48%	37% ▼	51% ▲		35% ▼	49%	44%				
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			15% ▼	12% ▼	25% ▲		15% ▼	21%	18%				
	Child & Adolescent Well-Care Visit (WCV), Ttl			48% ▼	38% ▼	53% ▲		37% ▼	48% ▼	45%				

(▼) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Greater Columbia Region

In the Greater Columbia Region, CCW performed statistically significantly higher than other MCOs for many of the prevention and screening measures; MHW and WLP performed statistically significantly lower (Figure 62a and Figure 62b). CHPW performed statistically significantly higher than the other MCOs on the Lead Screening in Children (LSC) measure but performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures.

CCW performed statistically significantly lower on the Asthma Medication Ratio (AMR), Total measure; CHPW and MHW performed statistically significantly higher.

There was variation by MCO for many of the behavioral health and the Initiation and Engagement of Substance Use Disorder Treatment (IET) measures.

For the Well-Child Visits in the First 30 Months of Life (W30) measures, CCW performed statistically significantly lower than other MCOs. For the Child and Adolescent Well-Care Visit (WCV) measures, CCW and CHPW performed statistically significantly higher than other MCOs; MHW and WLP performed significantly below.

Figure 62a. Comparison of MCOs by Measure within Greater Columbia Region, MY2024.

		Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening		Childhood Immunization Status (CIS), Combo 10		37% 		31%	13% 		24%	26%	
		Immunizations for Adolescents (IMA), Combo 2		45%		45%	24% 		33%	37%	
		Lead Screening in Children (LSC)		53%		53% 	24% 		24% 	39%	
		Breast Cancer Screening (BCS-E), Ttl		58% 		54%	53%		47% 	53%	
		Cervical Cancer Screening (CCS-E)		53% 		48% 	50%		40% 	48%	
		Colorectal Cancer Screening (COL-E), Ttl		45% 		40% 	40%		36% 	40%	
		Chlamydia Screening in Women (CHL), Ttl		55%		55%	52% 		53%	54%	
Respiratory Conditions		Asthma Medication Ratio (AMR), 5-11 Yrs		63% 		100% 	93%		***	86%	
		Asthma Medication Ratio (AMR), 12-18 Yrs		60% 		95% 	89% 		***	81%	
		Asthma Medication Ratio (AMR), Ttl		63% 		94% 	87% 		79%	80%	
Diabetes		Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)		30%		36%	33%		42%	35%	
Behavioral Health		Antidepressant Medication Mgmt (AMM), Effective Acute Phase		63%		58% 	66% 		64%	63%	
		Antidepressant Medication Mgmt (AMM), Continuation Phase		45%		41% 	46%		44%	44%	
		Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase		44%		46%	52% 		42%	46%	
		Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs		72%		92% 	74%		***	79%	
		Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl		73%		86% 	69% 		69%	74%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 62b. Comparison of MCOs by Measure within Greater Columbia Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:						Regional Simple Average
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	44%	71%	47%			49%	53%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	31%	***	29%			***	30%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	34%	33%	38%			32%	34%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	21%	21%	25%			23%	23%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	44%	38%	46%			47%	44%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	19%	15%	19%			14%	17%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	90%	93%	100%			91%	93%
	Prenatal & Postpartum Care (PPC), Postpartum Care	85%	92%	76%			74%	82%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	62%	60%	49%			***	57%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	65%	71%	67%			65%	67%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	68%	71%	71%			71%	71%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	66%	65%	61%			56%	62%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	54%	54%	49%			48%	51%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	27%	27%	25%			22%	25%
	Child & Adolescent Well-Care Visit (WCV), Ttl	57%	55%	52%			49%	53%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

King Region

For the prevention and screening measures, MHW performed statistically significantly higher for the Breast Cancer Screening (BSC-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total than the other MCOs (Figure 63a and Figure 63b); WLP performed statistically significantly lower for these same measures. CHPW performed statistically significantly higher on the Lead Screening in Children (LSC) and Breast Cancer Screening (BSC-E) measures but performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E) measures. CCW, CHPW and UHC performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) measure.

MHW performed statistically significantly higher than the other MCOs for the Asthma Medication Ratio (AMR) measures; UHC performed statistically lower. CHPW also performs statistically significantly higher for the Asthma Medication Ratio (AMR), Total measure.

There was substantial variation in the performance of behavioral health measures in the King region. CHPW performed statistically significantly higher than other MCOs for several of the behavioral health measures; the exception is the Antidepressant Medication Management (AMM), Effective Acute Phase where they performed statistically significantly lower. MHW also performed statistically significantly higher for both indicators reported for the Follow-Up after Hospitalization for Mental Illness (FUH) measure and the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total measures. WLP performed statistically significantly higher on the Antidepressant Medication Management (AMM), Effective Acute Phase measure but performs statistically significantly lower on several other behavioral health measures. CCW performed statistically significantly lower on both indicators for the Follow-Up After Emergency Department Visit for Substance Use (FUA) measure.

MHW performed statistically significantly higher than other MCOs for the Initiation and Engagement of Substance Use Disorder Treatment (IET) measures. WLP performed statistically significantly higher for the Initiation of SUD Treatment indicator for this measure but performed statistically significantly lower for the Engagement of SUD Treatment indicator. UHC performed statistically significantly lower for the Initiation of SUD Treatment indicator; CHPW performs statistically significantly lower for both components of the Initiation and Engagement of Substance Use Disorder Treatment (IET) measures.

MHW performed statistically significantly higher on all Child and Adolescent Well-Care Visits (WCV) measures; WLP performed statistically lower on these same measures. The other three MCOs perform statistically significantly lower for various age bands for this measure.

Figure 63a. Comparison of MCOs by Measure within King Region, MY2024.

									Regional Simple Average
Measures where higher is better:		Measures where lower is better:		CCW	CHPW	MHW	UHC	W/LP	
Statistically significant higher rate than other MCOs		▲	Statistically significant higher rate than other MCOs		▲	Statistically significant lower rate than other MCOs			▼
Statistically significant lower rate than other MCOs		▼	Statistically significant lower rate than other MCOs		▼				
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10			38%	32%	23%	36%	36%	33%
	Immunizations for Adolescents (IMA), Combo 2			44%	42%	25%	30%	31%	34%
	Lead Screening in Children (LSC)			47%	65% ▲	38%	44%	47%	48%
	Breast Cancer Screening (BCS-E), Ttl			49%	51% ▲	50% ▲	49%	40% ▼	48%
	Cervical Cancer Screening (CCS-E)			46% ▼	47% ▼	51% ▲	47% ▼	44% ▼	47%
	Colorectal Cancer Screening (COL-E), Ttl			39%	36% ▼	41% ▲	39%	34% ▼	38%
	Chlamydia Screening in Women (CHL), Ttl			55%	51% ▼	53%	56%	55%	54%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs			***	***	81% ▲	59% ▼	***	70%
	Asthma Medication Ratio (AMR), 12-18 Yrs			***	***	80% ▲	36% ▼	***	58%
	Asthma Medication Ratio (AMR), Ttl			65%	91% ▲	77% ▲	54% ▼	62%	70%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)			32%	35%	31%	28%	28%	31%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase			67%	59% ▼	65%	66%	70% ▲	66%
	Antidepressant Medication Mgmt (AMM), Continuation Phase			47%	46%	48%	49%	50%	48%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase			43%	57% ▲	44%	39%	30% ▼	43%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs			71%	90% ▲	73%	69%	***	76%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl			52%	79% ▲	63% ▲	51% ▼	16% ▼	52%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 63b. Comparison of MCOs by Measure within King Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:		Regional Simple Average				
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			35%	65% 	42% 	31% 	10% 
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	38%	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			34% 	43% 	43% 	40%	31% 
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			22% 	31% 	26%	28%	20% 
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			49%	46% 	52% 	48% 	53% 
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			16%	12% 	21% 	16%	14% 
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			75%	88%	84%	90%	81%
	Prenatal & Postpartum Care (PPC), Postpartum Care			79%	89%	88%	83%	79%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	58%	***	***
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			56%	59%	59%	61%	56%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			64%	64%	66%	64%	66%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			57% 	59%	61% 	58% 	57% 
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			48%	46% 	51% 	48% 	46% 
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			27%	25% 	29% 	26%	24% 
	Child & Adolescent Well-Care Visit (WCV), Ttl			50% 	49% 	53% 	50% 	51%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

North Central Region

In the North Central region, CCW performed statistically significantly higher than the other MCOs for many of the prevention and screening measures (Figure 64a and Figure 64b). MHW also performed statistically significantly higher on the Cervical Cancer Screening (CCS-E) measure. WLP performed statistically significantly lower for the Breast Cancer Screening (BCS-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures. CHPW performed statistically lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures.

MHW also performed statistically significantly higher on the Follow-Up After Emergency Department Visit for Substance Use (FUA) measures.

CCW also performed statistically significantly higher on the Child and Adolescent Well-Care Visits (WCV) measures in this region; WLP also performed statistically significantly higher on two of the measure indicators. MHW performed statistically significantly lower on most of the Child and Adolescent Well-Care Visits (WCV) measures; CHPW also performed statistically lower on some of the age bands.

Figure 64a. Comparison of MCOs by Measure within North Central Region, MY2024.

		Measures where higher is better:	Measures where lower is better:		Regional Simple Average						
		Statistically significant higher rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10	51% 	***	32%		***					42%
	Immunizations for Adolescents (IMA), Combo 2	62% 	***	***		***					62%
	Lead Screening in Children (LSC)	47%	***	61%		***					54%
	Breast Cancer Screening (BCS-E), Ttl	63% 	61%	57%		49% 					57%
	Cervical Cancer Screening (CCS-E)	55% 	38% 	55% 		46% 					48%
	Colorectal Cancer Screening (COL-E), Ttl	47% 	33% 	40%		33% 					38%
	Chlamydia Screening in Women (CHL), Ttl	48%	45%	48%		51%					48%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs	***	***	92%		***					92%
	Asthma Medication Ratio (AMR), 12-18 Yrs	***	***	84%		***					84%
	Asthma Medication Ratio (AMR), Ttl	74%	***	83%		***					78%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)	***	***	***		***					***
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	66%	49% 	66%		66%					62%
	Antidepressant Medication Mgmt (AMM), Continuation Phase	45%	35%	43%		49%					43%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase	42%	***	50%		***					46%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	78%	***	88%		***					83%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	61% 	***	74%		***					67%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 64b. Comparison of MCOs by Measure within North Central Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:						Regional Simple Average
		▲	▼	CCW	CHPW	MHW	UHC	WLP
Statistically significant higher rate than other MCOs		▲						
Statistically significant lower rate than other MCOs		▼						
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			45%	***	47%		***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	58%		***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			45%	46%	56% ▲		46%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			30%	37%	41% ▲		32%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl		▼	39% ▼	39%	44%		51% ▲
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			16%	13%	15%		16%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			***	***	***		***
	Prenatal & Postpartum Care (PPC), Postpartum Care			***	***	***		***
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	65%		65%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			69%	49% ▼	66%		62%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			78%	73%	74%		76%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			72% ▲	67%	68% ▼		71%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			65% ▲	58%	56% ▼		66% ▲
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			31% ▲	22% ▼	27%		30%
	Child & Adolescent Well-Care Visit (WCV), Ttl			63% ▲	57% ▼	58% ▼		63% ▲

(▼) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

North Sound Region

For the prevention and screening measures in the North Sound Region, MHW performed statistically significantly higher than other MCOs for the Breast Cancer Screening (BSC-E), Cervical Cancer Screening (CCS-E), Colorectal Cancer Screening (COL-E), Total and Chlamydia Screening in Women (CHL), Total measures (Figure 65a and Figure 65b). CCW, CHPW and WLP performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures. UHC performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) measure.

CHPW and MHW performed statistically significantly higher than other MCOs for the Asthma Medication Ratio (AMR), Total measure; CCW and UHC performed statistically lower. MHW also performed statistically significantly higher on the Asthma Medication Ratio (AMR), 5-11 Years measure; UHC performed statistically significantly lower.

For the behavioral health measures, CHPW performed statistically significantly lower for the Antidepressant Medication Management (AMM) measures. However, CHPW performed statistically significantly higher for the Follow-Up after Hospitalization for Mental Illness (FUH) measures for the total population, while CCW, UHC and WLP performed statistically significantly lower. MHW performed statistically significantly higher on the Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total and Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total measures.

UHC performed statistically significantly higher for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures; WLP performed statistically higher for the Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total measure. CHPW performed statistically significantly lower on these measures.

For the Well-Child Visit measures, MHW performed statistically significantly higher on most measures; the exception was the Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months measure where no statistically significant difference was detected for any MCO. CHPW performed statistically significantly lower for the same measures where MHW performed well. CCW, UHC and WLP performed statistically lower for selected age ranges.

Figure 65a. Comparison of MCOs by Measure within North Sound Region, MY2024.

		Measures where higher is better:		Measures where lower is better:		Regional Simple Average					
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs						
		▲	▼	▲	▼	CCW	CHPW	MHW	UHC	WLP	
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10					33%	28%	24%	25%	33%	28%
	Immunizations for Adolescents (IMA), Combo 2					38%	32%	34%	31%	22%	31%
	Lead Screening in Children (LSC)					46%	43%	27%	39%	45%	40%
	Breast Cancer Screening (BCS-E), Ttl					48%	48%	54% ▲	49%	42% ▼	48%
	Cervical Cancer Screening (CCS-E)					43% ▼	46% ▼	53% ▲	45% ▼	41% ▼	46%
	Colorectal Cancer Screening (COL-E), Ttl					35% ▼	35% ▼	42% ▲	39%	33% ▼	37%
	Chlamydia Screening in Women (CHL), Ttl					45%	42% ▼	47% ▲	47%	44%	45%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs					***	***	90% ▲	65% ▼	***	77%
	Asthma Medication Ratio (AMR), 12-18 Yrs					***	***	80%	65%	***	72%
	Asthma Medication Ratio (AMR), Ttl					57% ▼	93% ▲	80% ▲	55% ▼	78%	73%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)					25%	28%	30%	25%	43% ▲	30%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase					67%	60% ▼	66%	69%	67%	66%
	Antidepressant Medication Mgmt (AMM), Continuation Phase					51%	45% ▼	49%	51%	52%	49%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase					53% ▲	40%	43%	45%	37%	44%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs					71%	84%	70%	76%	***	75%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl					52% ▼	81% ▲	65%	57% ▼	53% ▼	62%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 65b. Comparison of MCOs by Measure within North Sound Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			38%	68%	44%	33%	34%	44%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	47%	48%	***	***	48%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			39%	43%	47%	42%	37%	42%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			25%	30%	34%	29%	21%	28%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			50%	40%	50%	51%	53%	49%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			20%	16%	21%	22%	18%	19%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			79%	84%	88%	79%	***	82%
	Prenatal & Postpartum Care (PPC), Postpartum Care			86%	85%	86%	85%	***	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	55%	***	***	55%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			63%	61%	59%	59%	63%	61%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			70%	65%	71%	71%	67%	69%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			55%	53%	60%	53%	52%	55%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			44%	43%	49%	44%	44%	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			20%	19%	26%	22%	17%	21%
	Child & Adolescent Well-Care Visit (WCV), Ttl			47%	44%	52%	47%	45%	47%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Pierce Region

For the prevention and screening measures in the Pierce Region, MHW performed statistically significantly higher for the Breast Cancer Screening (BSC-E), Cervical Cancer Screening (CCS-E), Colorectal Cancer Screening (COL-E), Total and Chlamydia Screening in Women (CHL), Total measures than the other MCOs (Figure 66a and Figure 66b). CCW, CHPW and WLP performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures. UHC performed statistically significantly lower for the Lead Screening in Children (LSC) and Chlamydia Screening in Women (CHL), Total measures.

MHW performed statistically significantly higher for the Asthma Medication Ratio (AMR) measures; UHC performs statistically lower.

For the behavioral health measures, MHW performed statistically significantly higher on the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total, Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total and Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total measures. CHPW also performed statistically significantly higher on the Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total and Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total measures.

For the well-child visit measures, MHW performed statistically significantly higher on most measures, while CCW, CHPW and WLP performed statistically lower.

Figure 66a. Comparison of MCOs by Measure within Pierce Region, MY2024.

									Regional Simple Average
Measures where higher is better:		Measures where lower is better:		CCW	CHPW	MHW	UHC	WLP	
Statistically significant higher rate than other MCOs		Statistically significant higher rate than other MCOs							
Statistically significant lower rate than other MCOs		Statistically significant lower rate than other MCOs							
Prevention and Screening		Childhood Immunization Status (CIS), Combo 10		37%	***	26%	28%	49% 	35%
		Immunizations for Adolescents (IMA), Combo 2		31%	***	26%	27%	33%	29%
		Lead Screening in Children (LSC)		37%	***	28%	19% 	33%	29%
		Breast Cancer Screening (BCS-E), Ttl		42%	40%	44% 	43%	36% 	41%
		Cervical Cancer Screening (CCS-E)		42% 	31% 	47% 	43%	43% 	41%
		Colorectal Cancer Screening (COL-E), Ttl		35% 	21% 	40% 	39% 	33% 	34%
		Chlamydia Screening in Women (CHL), Ttl		50%	55%	54% 	48% 	50%	52%
Respiratory Conditions		Asthma Medication Ratio (AMR), 5-11 Yrs		***	***	87% 	64% 	***	76%
		Asthma Medication Ratio (AMR), 12-18 Yrs		***	***	80% 	55% 	***	68%
		Asthma Medication Ratio (AMR), Ttl		73%	***	82% 	57% 	62%	69%
Diabetes		Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)		37%	***	29%	37%	45%	37%
Behavioral Health		Antidepressant Medication Mgmt (AMM), Effective Acute Phase		70%	62%	67%	71%	61% 	66%
		Antidepressant Medication Mgmt (AMM), Continuation Phase		50%	49%	48%	50%	44%	48%
		Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase		40%	***	41%	39%	35%	39%
		Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs		78%	***	78%	77%	***	78%
		Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl		53% 	82% 	66% 	57%	49% 	61%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 66b. Comparison of MCOs by Measure within Pierce Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:		Regional Simple Average			
		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	34%	63%	43%	41%	36%	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***	38%	***	***	38%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	32%	36%	40%	33%	28%	34%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	25%	21%	29%	25%	22%	24%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	55%	47%	52%	52%	50%	51%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	17%	17%	16%	21%	13%	17%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	80%	***	84%	83%	80%	82%
	Prenatal & Postpartum Care (PPC), Postpartum Care	76%	***	78%	72%	75%	75%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	52%	***	59%	***	***	55%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	57%	60%	66%	67%	62%	62%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	65%	54%	68%	70%	65%	65%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	55%	48%	58%	56%	53%	54%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	45%	36%	51%	48%	43%	45%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	17%	15%	23%	21%	18%	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl	48%	40%	51%	50%	46%	47%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Salish Region

MHW performed statistically significantly higher for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total than other MCOs (Figure 67a and Figure 67b). CCPW performed statistically significantly lower on the Cervical Cancer Screening (CCS-E), Colorectal Cancer Screening (COL-E), Total and Chlamydia Screening in Women (CHL), Total measures. WLP performed statistically significantly lower for the Breast Cancer Screening (BCS-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures. CCW performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) measure.

MHW performed statistically significantly higher than other MCOs for the Asthma Medication Ratio (AMR), Total measure; UHC performed statistically lower.

There was scattered variation in the behavioral health measures in the Salish region.

MHW performed statistically significantly higher for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures; WLP performs statistically lower.

MHW performed statistically significantly higher on most Child and Adolescent Well-Care Visits (WCV) measures; the remaining four MCOs performed statistically lower for selected age bands.

Figure 67a. Comparison of MCOs by Measure within Salish Region, MY2024.

		Measures where lower is better:					Regional Simple Average				
Measures where higher is better:		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10					***	***	***	***	***	***
	Immunizations for Adolescents (IMA), Combo 2					***	***	***	16%	26%	21%
	Lead Screening in Children (LSC)					***	***	***	***	***	***
	Breast Cancer Screening (BCS-E), Ttl					42%	35%	45%	45%	40% 	42%
	Cervical Cancer Screening (CCS-E)					42% 	31% 	49% 	45%	44% 	42%
	Colorectal Cancer Screening (COL-E), Ttl					35%	25% 	35% 	35%	32% 	32%
	Chlamydia Screening in Women (CHL), Ttl					43%	30% 	44%	43%	42%	40%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs					***	***	88%	***	***	88%
	Asthma Medication Ratio (AMR), 12-18 Yrs					***	***	***	***	***	***
	Asthma Medication Ratio (AMR), Ttl					***	***	82% 	64% 	65%	70%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)					***	***	***	43%	37%	40%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase					67%	69%	69%	71%	68%	68%
	Antidepressant Medication Mgmt (AMM), Continuation Phase					56%	54%	54%	50%	51%	53%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase					34%	***	48% 	40%	38%	40%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs					***	***	71% 	***	***	71%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl					67%	88% 	71%	60% 	67%	70%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 67b. Comparison of MCOs by Measure within Salish Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			47%	71% 	45%	41%	48%	50%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	***	***	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			34%	52%	43%	44%	32% 	41%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			28%	35%	28%	26%	18% 	27%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			51%	50%	57% 	50%	45% 	51%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			14%	21%	22% 	19%	16% 	18%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			***	***	***	***	***	***
	Prenatal & Postpartum Care (PPC), Postpartum Care			***	***	***	***	***	***
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	38%	***	***	38%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			55%	55%	58%	63%	55%	57%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			72%	60%	69%	67%	65%	67%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			54% 	51% 	61% 	54% 	54% 	55%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			41%	32% 	47% 	44%	43%	41%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			14%	15%	20%	20%	16%	17%
	Child & Adolescent Well-Care Visit (WCV), Ttl			43% 	40% 	51% 	46% 	45% 	45%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Southwest Region

MHW performed statistically significantly higher than other MCOs for the Breast Cancer Screening (BCS-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures (Figure 68a and Figure 68b). CCW and CHPW performed statistically significantly lower on these same measures. WLP performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total measures.

MHW performed statistically significantly higher for the Antidepressant Medication Management (AMM) measures; CHPW performed statistically lower. CHPW performed statistically higher on other behavioral health measures, however, which is similar to performance highlighted in other areas of this report.

MHW performed statistically significantly higher on the Child and Adolescent Well-Care Visits (WCV) measures; CHPW performed statistically lower. CCW and WLP performed statistically significantly lower for selected age bands.

Figure 68a. Comparison of MCOs by Measure within Southwest Region, MY2024.

									Regional Simple Average
Measures where higher is better:		Measures where lower is better:		CCW	CHPW	MHW	UHC	WLP	
Statistically significant higher rate than other MCOs		▲	Statistically significant higher rate than other MCOs		▲				
Statistically significant lower rate than other MCOs		▼	Statistically significant lower rate than other MCOs		▼				
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10		***	***	22%		***	22%	
	Immunizations for Adolescents (IMA), Combo 2		***	***	14%		***	14%	
	Lead Screening in Children (LSC)		***	***	41%		***	41%	
	Breast Cancer Screening (BCS-E), Ttl		35% ▼	39% ▼	53% ▲		44%	43%	
	Cervical Cancer Screening (CCS-E)		30% ▼	35% ▼	49% ▲		33% ▼	37%	
	Colorectal Cancer Screening (COL-E), Ttl		26% ▼	30% ▼	40% ▲		26% ▼	31%	
	Chlamydia Screening in Women (CHL), Ttl		49%	49%	48%		42%	47%	
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs		***	***	80%		***	80%	
	Asthma Medication Ratio (AMR), 12-18 Yrs		***	***	82%		***	82%	
	Asthma Medication Ratio (AMR), Ttl		***	***	80%		***	80%	
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)		***	39%	30%		***	34%	
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase		68%	57% ▼	71% ▲		68%	66%	
	Antidepressant Medication Mgmt (AMM), Continuation Phase		49%	43% ▼	53% ▲		47%	48%	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase		50%	35%	40%		***	42%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs		***	***	76%		***	76%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl		67%	73% ▲	60%		49% ▼	62%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 68b. Comparison of MCOs by Measure within Southwest Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:		Regional Simple Average				
				CCW	CHPW	MHW	UHC	WLP
Statistically significant higher rate than other MCOs	▲	Statistically significant higher rate than other MCOs	▲					
Statistically significant lower rate than other MCOs	▼	Statistically significant lower rate than other MCOs	▼					
Behavioral Health								
Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			43%	49% ▲	36%		31%	40%
Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	31%		***	31%
Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			26%	45%	39%		28%	34%
Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			19%	32% ▲	24%		12% ▼	21%
Access/Availability of Care								
I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			54%	49%	52%		49%	51%
I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			17%	21% ▲	17%		15%	18%
Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			***	***	87%		***	87%
Prenatal & Postpartum Care (PPC), Postpartum Care			***	***	89%		***	89%
Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	65%		***	65%
Utilization								
Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			48%	44%	44%		25% ▼	40%
Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			62%	61%	61%		59%	61%
Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			48% ▼	42% ▼	55% ▲		40% ▼	46%
Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			40%	29% ▼	45% ▲		36% ▼	38%
Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			14%	9% ▼	19% ▲		14%	14%
Child & Adolescent Well-Care Visit (WCV), Ttl			41% ▼	32% ▼	47% ▲		35% ▼	39%

(▼) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Spokane Region

MHW performed statistically significantly higher for the Breast Cancer Screening (BCS-E), Cervical Cancer Screening (CCS-E) and Colorectal Cancer Screening (COL-E), Total than other MCOs (Figure 69a and Figure 69b). CHPW and WLP performed statistically significantly lower on these same measures. CCW performed statistically significantly lower for the Cervical Cancer Screening (CCS-E) measure.

MHW performed statistically significantly higher for the Asthma Medication Ratio (AMR) for both the Age 12-18 and Total age bands. WLP performed statistically significantly lower than other MCOs for the Asthma Medication Ratio (AMR), Total measure.

CHPW performed statistically significantly higher than other MCOs for many of the behavioral health measures. There is scattered variation in measure performance for the other MCOs operating in the Spokane region.

MHW performed statistically significantly higher than other MCOs for the Initiation and Engagement of Substance Use Disorder Treatment (IET) measures; CHPW and WLP performed statistically significantly lower.

CHPW performed statistically significantly lower than other MCOs for all the well-child visit measures. MHW performed statistically significantly higher on most of these measures; the exception was the Child and Adolescent Well-Care Visits (WCV), 18-21 Years measures where no statistically significant differences were detected.

Figure 69a. Comparison of MCOs by Measure within Spokane Region, MY2024.

		Measures where lower is better:					Regional Simple Average				
Measures where higher is better:		Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	Regional Simple Average
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10			***	22%	17%		26%		21%	
	Immunizations for Adolescents (IMA), Combo 2			***	25%	20%		34%		27%	
	Lead Screening in Children (LSC)			66%	45%	58%		48%		54%	
	Breast Cancer Screening (BCS-E), Ttl			53%	46% ▼	52% ▲		47% ▼		50%	
	Cervical Cancer Screening (CCS-E)			38% ▼	40% ▼	50% ▲		44% ▼		43%	
	Colorectal Cancer Screening (COL-E), Ttl			35%	32% ▼	39% ▲		31% ▼		34%	
	Chlamydia Screening in Women (CHL), Ttl			48%	45%	48%		50%		48%	
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs			***	***	95%		***		95%	
	Asthma Medication Ratio (AMR), 12-18 Yrs			***	***	96% ▲		***		96%	
	Asthma Medication Ratio (AMR), Ttl			***	88%	89% ▲		81% ▼		86%	
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)			***	32%	37%		28%		32%	
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase			67%	60% ▼	67%		68%		65%	
	Antidepressant Medication Mgmt (AMM), Continuation Phase			49%	47%	47%		48%		48%	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase			52%	43%	50%		49%		49%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs			79%	92% ▲	82%		76%		82%	
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl			69%	86% ▲	74%		66% ▼		74%	

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 69b. Comparison of MCOs by Measure within Spokane Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:		Regional Simple Average				
		▲ Statistically significant higher rate than other MCOs	▼ Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl		44% ▼	75% ▲	51% ▼		46% ▼	54%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	***	***		43%		***	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	41%	53% ▲	48%			44%	46%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	27%	36%	36% ▲			29% ▼	32%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	49%	39% ▼	54% ▲			40% ▼	46%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	16%	15% ▼	21% ▲			15% ▼	17%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	***	86%	92%			85%	87%
	Prenatal & Postpartum Care (PPC), Postpartum Care	***	84%	85%			86%	85%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	63%	62%	61%			***	62%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	62%	59% ▼	69% ▲			64%	63%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	75%	68% ▼	74% ▲			70%	72%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	66%	59% ▼	67% ▲			65%	64%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	58%	52% ▼	58% ▲			58%	57%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	27%	24% ▼	28%			28%	27%
	Child & Adolescent Well-Care Visit (WCV), Ttl	58%	52% ▼	59% ▲			58%	57%

(▼) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Thurston-Mason Region

In the Thurston-Mason Region, many measures showed no statistically significant difference between the MCOs (Figure 70a and Figure 70b). The most variation between the MCOs was in the Child and Adolescent Well-Care Visit (WCV) measures, in which MHW was statistically significantly higher than other MCOs and WLP was statistically significantly lower. A handful of other measures had individual MCOs that did better or worse than the others.

Figure 70a. Comparison of MCOs by Measure within Thurston-Mason Region, MY2024.

									Regional Simple Average
Measures where higher is better:		Measures where lower is better:		CCW	CHPW	MHW	UHC	WLP	
Statistically significant higher rate than other MCOs		▲	Statistically significant higher rate than other MCOs		▲	Statistically significant lower rate than other MCOs			▼
Statistically significant lower rate than other MCOs		▼	Statistically significant lower rate than other MCOs		▼				
Prevention and Screening	Childhood Immunization Status (CIS), Combo 10			***	***	***	***	***	***
	Immunizations for Adolescents (IMA), Combo 2			***	***	***	33%	***	33%
	Lead Screening in Children (LSC)			***	***	***	31%	***	31%
	Breast Cancer Screening (BCS-E), Ttl			50%	43%	44%	48% ▲	42%	46%
	Cervical Cancer Screening (CCS-E)			33% ▼	31% ▼	49% ▲	44%	42% ▼	40%
	Colorectal Cancer Screening (COL-E), Ttl			34%	25% ▼	37%	38% ▲	32% ▼	33%
	Chlamydia Screening in Women (CHL), Ttl			51%	54%	49%	47%	42% ▼	49%
Respiratory Conditions	Asthma Medication Ratio (AMR), 5-11 Yrs			***	***	96% ▲	***	***	96%
	Asthma Medication Ratio (AMR), 12-18 Yrs			***	***	84%	***	***	84%
	Asthma Medication Ratio (AMR), Ttl			***	***	83% ▲	65% ▼	73%	73%
Diabetes	Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)			***	***	***	24%	***	24%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Effective Acute Phase			73%	70%	67%	71%	71%	70%
	Antidepressant Medication Mgmt (AMM), Continuation Phase			43%	55%	54%	53%	52%	51%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase			38%	***	44%	48%	33%	41%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs			***	***	74%	***	***	74%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl			57%	77% ▲	65%	64%	58%	64%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Figure 70b. Comparison of MCOs by Measure within Thurston-Mason Region, MY2024, Continued.

Measures where higher is better:		Measures where lower is better:					Regional Simple Average		
Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	Statistically significant higher rate than other MCOs	Statistically significant lower rate than other MCOs	CCW	CHPW	MHW	UHC	WLP	
Behavioral Health	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl			32%	67% 	38%	43%	32%	43%
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs			***	***	***	***	***	***
	Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl			50%	47%	52%	46%	46%	48%
	Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl			36%	36%	39%	38%	32%	36%
Access/Availability of Care	I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl			61%	49%	54%	56%	54%	55%
	I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl			31% 	17%	19%	25% 	18%	22%
	Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care			***	***	***	84%	***	84%
	Prenatal & Postpartum Care (PPC), Postpartum Care			***	***	***	88%	***	88%
	Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl			***	***	62%	***	***	62%
Utilization	Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths			49%	45% 	59%	63%	56%	54%
	Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths			69%	66%	73%	80% 	70%	71%
	Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs			58%	57%	59% 	59%	50% 	57%
	Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs			44%	50%	49% 	48%	41% 	47%
	Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs			19%	19%	22% 	19%	16% 	19%
	Child & Adolescent Well-Care Visit (WCV), Ttl			48%	50%	51% 	50%	43% 	48%

(↓) For this measure lower scores are better.

***Indicates rates where the denominators were less than 30 and have been suppressed.

Appendix A: MCO Comparison Results

Appendix A contains measure comparisons by MCO with three-year trends.

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 3-11 Years	Statewide†	77.8%	73.5%	79.4%	Below 50th
	CCW	76.0%	74.7%	82.1%	At 50th
	CHPW	75.8%	77.9%	86.8%	At 50th
	MHW	79.2%	69.4%	75.8%	Below 50th
	UHC	72.3%	81.8%	76.5%	Below 50th
	WLP	80.5%	81.8%	87.3%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, 12-17 Years	Statewide†	72.0%	77.9%	82.8%	At 50th
	CCW	66.4%	71.7%	85.1%	At 50th
	CHPW	71.1%	76.0%	81.1%	At 50th
	MHW	72.9%	79.1%	81.3%	At 50th
	UHC	67.1%	78.6%	90.3%	At 75th
	WLP	80.6%	82.4%	85.9%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), BMI Percentile, Total	Statewide†	75.6%	75.2%	80.6%	At 50th
	CCW	72.8%	73.5%	83.2%	At 50th
	CHPW	74.0%	77.1%	84.7%	At 50th
	MHW	76.6%	73.2%	77.8%	Below 50th
	UHC	70.3%	80.5%	81.0%	At 50th
	WLP	80.5%	82.0%	86.9%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, 3-11 Years	Statewide†	69.4%	65.9%	71.5%	Below 50th
	CCW	74.5%	72.7%	71.1%	At 50th
	CHPW	70.6%	70.4%	78.7%	At 50th
	MHW	68.6%	64.9%	70.2%	At 50th
	UHC	61.7%	48.0%	66.8%	Below 50th
	WLP	72.3%	73.0%	73.2%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, 12-17 Years	Statewide†	60.4%	64.0%	70.9%	At 50th
	CCW	60.7%	62.1%	71.0%	At 50th
	CHPW	64.2%	65.5%	74.5%	At 50th
	MHW	59.6%	66.3%	70.8%	At 50th
	UHC	52.9%	44.7%	61.9%	Below 50th
	WLP	66.0%	68.2%	72.6%	At 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Nutrition Counseling, Total	Statewide†	65.9%	65.1%	71.3%	Below 50th
	CCW	69.8%	68.4%	71.1%	At 50th
	CHPW	68.1%	68.4%	77.1%	At 50th
	MHW	65.0%	65.5%	70.4%	At 50th
	UHC	58.4%	46.7%	65.2%	Below 50th
	WLP	70.1%	71.3%	73.0%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 3-11 Years	Statewide†	63.2%	60.0%	63.0%	Below 50th
	CCW	66.8%	65.3%	63.5%	Below 50th
	CHPW	61.9%	65.0%	69.0%	At 50th
	MHW	63.3%	59.3%	61.3%	Below 50th
	UHC	56.3%	40.1%	58.5%	Below 50th
	WLP	66.3%	69.2%	67.4%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, 12-17 Years	Statewide†	61.4%	64.3%	68.7%	At 50th
	CCW	65.0%	62.1%	71.0%	At 50th
	CHPW	65.4%	68.4%	75.2%	At 50th
	MHW	57.8%	65.6%	66.7%	At 50th
	UHC	60.0%	45.9%	59.7%	Below 50th
	WLP	73.6%	69.6%	74.8%	At 50th
Weight Assessment and Counseling for Nutrition and Physical Activity for Children & Adolescents (WCC), Physical Activity Counseling, Total	Statewide†	62.5%	61.7%	65.1%	Below 50th
	CCW	66.2%	64.0%	66.2%	At 50th
	CHPW	63.3%	66.4%	71.3%	At 50th
	MHW	61.1%	61.8%	63.3%	Below 50th
	UHC	57.7%	42.3%	58.9%	Below 50th
	WLP	68.9%	69.3%	69.8%	At 50th
Childhood Immunization Status (CIS), DTaP	Statewide†	65.2%	64.2%	66.0%	Below 50th
	CCW	71.3%	72.5%	78.4%	At 75th
	CHPW	68.6%	69.1%	66.4%	Below 50th
	MHW	62.0%	60.3%	61.3%	Below 50th
	UHC	64.2%	63.0%	69.1%	Below 50th
	WLP	70.6%	67.4%	69.1%	Below 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Childhood Immunization Status (CIS), IPV	Statewide†	81.2%	80.6%	82.3%	Below 50th
	CCW	88.3%	86.6%	92.9%	Above 75th
	CHPW	83.0%	85.9%	85.4%	At 50th
	MHW	78.4%	77.9%	78.6%	Below 50th
	UHC	81.3%	77.9%	81.3%	Below 50th
	WLP	84.2%	82.0%	82.5%	Below 50th
Childhood Immunization Status (CIS), MMR	Statewide†	79.8%	77.0%	80.3%	Below 50th
	CCW	86.4%	83.5%	91.2%	At 75th
	CHPW	80.1%	84.9%	83.0%	At 50th
	MHW	77.9%	72.8%	76.2%	Below 50th
	UHC	77.4%	76.4%	80.3%	Below 50th
	WLP	83.5%	80.3%	82.0%	Below 50th
Childhood Immunization Status (CIS), Hib	Statewide†	79.6%	79.4%	81.5%	Below 50th
	CCW	88.1%	84.9%	92.2%	Above 75th
	CHPW	80.8%	85.4%	84.9%	At 50th
	MHW	77.1%	76.6%	77.9%	Below 50th
	UHC	78.8%	76.4%	80.3%	Below 50th
	WLP	81.3%	81.3%	81.5%	Below 50th
Childhood Immunization Status (CIS), Hepatitis B	Statewide†	83.1%	80.1%	83.2%	Below 50th
	CCW	90.3%	86.6%	92.7%	At 75th
	CHPW	83.9%	85.9%	87.1%	At 50th
	MHW	80.3%	76.2%	79.3%	Below 50th
	UHC	83.2%	79.6%	82.0%	Below 50th
	WLP	86.6%	84.7%	84.9%	Below 50th
Childhood Immunization Status (CIS), VZV	Statewide†	79.5%	76.1%	79.6%	Below 50th
	CCW	85.9%	82.5%	91.0%	At 75th
	CHPW	79.8%	83.7%	82.0%	Below 50th
	MHW	77.6%	71.8%	75.4%	Below 50th
	UHC	76.9%	75.4%	79.1%	Below 50th
	WLP	83.2%	80.3%	81.8%	Below 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Childhood Immunization Status (CIS), Pneumococcal	Statewide†	68.0%	63.7%	65.4%	Below 50th
	CCW	74.5%	72.0%	77.4%	At 50th
	CHPW	69.8%	68.4%	66.4%	Below 50th
	MHW	66.2%	59.4%	60.8%	Below 50th
	UHC	67.2%	64.5%	66.9%	Below 50th
	WLP	68.4%	67.9%	68.9%	Below 50th
Childhood Immunization Status (CIS), Hepatitis A	Statewide†	76.1%	74.8%	76.1%	Below 50th
	CCW	84.2%	81.0%	87.6%	At 75th
	CHPW	78.1%	80.3%	81.5%	At 50th
	MHW	72.8%	71.5%	70.3%	Below 50th
	UHC	75.7%	73.0%	77.1%	Below 50th
	WLP	81.0%	77.4%	80.3%	Below 50th
Childhood Immunization Status (CIS), Rotavirus	Statewide†	67.0%	63.0%	64.0%	Below 50th
	CCW	75.7%	68.1%	74.7%	At 75th
	CHPW	69.8%	69.1%	65.0%	Below 50th
	MHW	63.3%	59.9%	60.6%	Below 50th
	UHC	69.1%	62.3%	61.6%	Below 50th
	WLP	69.3%	65.5%	67.4%	At 50th
Childhood Immunization Status (CIS), Influenza	Statewide†	43.7%	39.6%	37.2%	At 75th
	CCW	49.9%	44.3%	50.1%	Above 75th
	CHPW	43.3%	41.6%	37.2%	At 50th
	MHW	41.1%	38.9%	32.1%	At 50th
	UHC	42.3%	38.2%	41.9%	At 75th
	WLP	49.9%	36.0%	40.6%	At 75th
Childhood Immunization Status (CIS), Combo 3	Statewide†	60.6%	56.4%	59.4%	Below 50th
	CCW	65.0%	65.7%	71.1%	At 50th
	CHPW	63.0%	58.9%	60.1%	Below 50th
	MHW	58.4%	52.3%	55.0%	Below 50th
	UHC	58.6%	57.4%	61.8%	Below 50th
	WLP	64.7%	60.6%	62.8%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Childhood Immunization Status (CIS), Combo 7	Statewide†	54.8%	50.0%	50.9%	Below 50th
	CCW	58.6%	57.4%	63.0%	At 75th
	CHPW	56.9%	52.1%	52.6%	Below 50th
	MHW	52.6%	47.0%	46.5%	Below 50th
	UHC	54.5%	50.1%	50.9%	Below 50th
	WLP	58.6%	52.6%	54.5%	At 50th
Childhood Immunization Status (CIS), Combo 10	Statewide†	35.0%	30.3%	27.7%	Above 50th, Below 75th
	CCW	40.4%	34.8%	38.4%	Above 75th
	CHPW	35.5%	29.4%	27.7%	At 50th
	MHW	32.6%	29.4%	23.6%	At 50th
	UHC	33.6%	31.1%	31.4%	At 50th
	WLP	40.6%	28.7%	30.2%	At 50th
Childhood Immunization Status (CIS-E), DTaP	Statewide†	64.6%	64.3%	65.3%	Below 50th
	CCW	67.2%	71.5%	73.4%	At 75th
	CHPW	69.0%	66.3%	70.6%	At 50th
	MHW	62.7%	61.5%	61.4%	Below 50th
	UHC	65.4%	65.4%	66.9%	Below 50th
	WLP	65.4%	65.6%	64.5%	Below 50th
Childhood Immunization Status (CIS-E), IPV	Statewide†	80.9%	80.3%	80.0%	Below 50th
	CCW	83.4%	86.9%	87.0%	At 75th
	CHPW	85.3%	83.0%	85.7%	Above 50th, Below 75th
	MHW	78.8%	77.4%	76.0%	Below 50th
	UHC	81.6%	80.6%	81.1%	Below 50th
	WLP	82.6%	81.9%	80.9%	Below 50th
Childhood Immunization Status (CIS-E), MMR	Statewide†	79.0%	78.7%	78.6%	Below 50th
	CCW	83.5%	85.3%	86.2%	At 75th
	CHPW	82.8%	82.1%	83.1%	Below 50th
	MHW	76.8%	75.9%	75.1%	Below 50th
	UHC	78.7%	78.6%	79.4%	Below 50th
	WLP	80.5%	79.7%	78.4%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Childhood Immunization Status (CIS-E), Hib	Statewide†	79.6%	79.5%	79.7%	Below 50th
	CCW	83.3%	86.3%	86.6%	At 75th
	CHPW	83.7%	82.6%	85.0%	Above 50th, Below 75th
	MHW	77.6%	76.6%	76.0%	Below 50th
	UHC	80.0%	79.9%	80.6%	Below 50th
	WLP	80.7%	80.9%	80.2%	Below 50th
Childhood Immunization Status (CIS-E), Hepatitis B	Statewide†	81.8%	80.1%	80.0%	Below 50th
	CCW	83.8%	87.6%	88.4%	At 75th
	CHPW	86.1%	79.8%	87.3%	At 75th
	MHW	79.7%	77.5%	74.5%	Below 50th
	UHC	82.9%	80.7%	82.9%	At 50th
	WLP	83.9%	83.0%	83.0%	At 50th
Childhood Immunization Status (CIS-E), VZV	Statewide†	78.5%	78.0%	78.0%	Below 50th
	CCW	83.2%	84.8%	85.6%	At 75th
	CHPW	82.5%	81.5%	83.0%	Below 50th
	MHW	76.2%	75.2%	74.4%	Below 50th
	UHC	78.0%	77.6%	79.0%	Below 50th
	WLP	79.7%	79.3%	77.9%	Below 50th
Childhood Immunization Status (CIS-E), Pneumococcal	Statewide†	65.7%	64.5%	63.5%	Below 50th
	CCW	68.8%	72.1%	71.7%	Above 50th, Below 75th
	CHPW	69.4%	65.7%	68.5%	Below 50th
	MHW	63.6%	61.6%	59.7%	Below 50th
	UHC	67.5%	65.6%	65.3%	Below 50th
	WLP	66.5%	66.4%	61.8%	Below 50th
Childhood Immunization Status (CIS-E), Hepatitis A	Statewide†	76.0%	75.2%	75.2%	Below 50th
	CCW	82.8%	82.2%	83.3%	At 50th
	CHPW	80.0%	79.3%	81.2%	Below 50th
	MHW	73.2%	71.9%	70.9%	Below 50th
	UHC	76.3%	75.5%	76.1%	Below 50th
	WLP	76.9%	77.3%	75.8%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Childhood Immunization Status (CIS-E), Rotavirus	Statewide†	65.6%	63.0%	62.0%	Below 50th
	CCW	69.0%	68.2%	67.8%	At 50th
	CHPW	69.9%	64.7%	67.4%	At 50th
	MHW	63.3%	60.7%	58.5%	Below 50th
	UHC	67.4%	64.7%	62.8%	Below 50th
	WLP	66.2%	64.5%	62.8%	Below 50th
Childhood Immunization Status (CIS-E), Influenza	Statewide†	41.7%	37.5%	34.7%	Above 50th, Below 75th
	CCW	49.0%	44.4%	41.8%	Above 75th
	CHPW	43.5%	40.9%	39.1%	At 75th
	MHW	38.8%	34.2%	30.7%	Below 50th
	UHC	42.8%	39.0%	37.2%	Above 50th, Below 75th
	WLP	43.8%	38.9%	35.8%	Above 50th, Below 75th
Childhood Immunization Status (CIS-E), Combo 3	Statewide†	58.0%	56.6%	56.2%	Below 50th
	CCW	60.3%	64.5%	65.9%	At 75th
	CHPW	61.6%	55.7%	62.4%	At 50th
	MHW	56.0%	54.1%	51.4%	Below 50th
	UHC	59.6%	58.1%	59.0%	Below 50th
	WLP	58.9%	58.8%	55.1%	Below 50th
Childhood Immunization Status (CIS-E), Combo 7	Statewide†	51.8%	49.4%	48.8%	Below 50th
	CCW	54.2%	55.7%	57.1%	At 75th
	CHPW	55.6%	48.4%	54.5%	Above 50th, Below 75th
	MHW	49.9%	47.3%	44.5%	Below 50th
	UHC	54.0%	51.6%	51.1%	Below 50th
	WLP	52.1%	51.2%	47.9%	Below 50th
Childhood Immunization Status (CIS-E), Combo 10	Statewide†	31.9%	28.1%	25.4%	Above 50th, Below 75th
	CCW	36.3%	33.5%	31.8%	Above 75th
	CHPW	34.0%	28.6%	29.6%	At 75th
	MHW	29.8%	26.0%	22.0%	Below 50th
	UHC	33.2%	30.1%	28.1%	At 75th
	WLP	33.2%	29.3%	25.3%	At 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Immunizations for Adolescents (IMA), Meningococcal	Statewide†	71.0%	69.6%	67.4%	Below 50th
	CCW	74.7%	74.5%	77.4%	Below 50th
	CHPW	75.9%	71.8%	72.5%	Below 50th
	MHW	69.6%	68.9%	63.8%	Below 50th
	UHC	71.5%	66.7%	68.4%	Below 50th
	WLP	65.7%	67.2%	65.2%	Below 50th
Immunizations for Adolescents (IMA), Tdap	Statewide†	83.6%	83.4%	81.5%	Below 50th
	CCW	83.9%	87.8%	88.3%	At 50th
	CHPW	85.4%	84.4%	84.7%	At 50th
	MHW	83.2%	83.2%	79.3%	Below 50th
	UHC	84.2%	79.1%	82.2%	Below 50th
	WLP	82.2%	81.0%	77.9%	Below 50th
Immunizations for Adolescents (IMA), HPV	Statewide†	33.1%	32.9%	30.6%	Below 50th
	CCW	39.2%	36.0%	44.5%	At 75th
	CHPW	39.4%	33.1%	37.0%	At 50th
	MHW	31.4%	33.8%	25.1%	Below 50th
	UHC	30.4%	28.0%	31.1%	Below 50th
	WLP	27.5%	27.7%	31.6%	Below 50th
Immunizations for Adolescents (IMA), Combo 1	Statewide†	70.4%	69.3%	66.4%	Below 50th
	CCW	74.2%	73.7%	77.4%	Below 50th
	CHPW	74.9%	71.3%	72.3%	Below 50th
	MHW	69.1%	68.9%	62.0%	Below 50th
	UHC	71.1%	65.7%	68.1%	Below 50th
	WLP	65.2%	66.7%	65.0%	Below 50th
Immunizations for Adolescents (IMA), Combo 2	Statewide†	32.2%	31.9%	29.5%	Below 50th
	CCW	38.2%	35.0%	43.3%	At 75th
	CHPW	37.7%	32.6%	36.5%	At 50th
	MHW	30.7%	32.6%	23.6%	Below 50th
	UHC	29.7%	27.3%	30.9%	Below 50th
	WLP	27.0%	27.0%	30.9%	Below 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Immunizations for Adolescents (IMA-E), Meningococcal	Statewide†	70.1%	69.3%	68.9%	Below 50th
	CCW	73.4%	74.2%	74.4%	Below 50th
	CHPW	74.0%	72.9%	72.2%	Below 50th
	MHW	69.2%	67.6%	67.4%	Below 50th
	UHC	68.8%	68.4%	66.8%	Below 50th
	WLP	66.2%	68.0%	65.9%	Below 50th
Immunizations for Adolescents (IMA-E), Tdap	Statewide†	81.7%	82.5%	82.2%	Below 50th
	CCW	80.9%	85.3%	86.0%	Above 50th, Below 75th
	CHPW	83.7%	85.4%	83.9%	At 50th
	MHW	81.9%	81.6%	81.3%	Below 50th
	UHC	81.6%	82.0%	80.7%	Below 50th
	WLP	78.8%	79.8%	79.9%	Below 50th
Immunizations for Adolescents (IMA-E), HPV	Statewide†	31.5%	31.8%	32.2%	Below 50th
	CCW	36.5%	38.5%	37.9%	Above 50th, Below 75th
	CHPW	36.1%	34.6%	35.0%	At 50th
	MHW	30.1%	30.0%	30.6%	Below 50th
	UHC	28.8%	31.0%	29.5%	Below 50th
	WLP	27.7%	29.5%	30.6%	Below 50th
Immunizations for Adolescents (IMA-E), Combo 1	Statewide†	69.6%	68.9%	68.4%	Below 50th
	CCW	72.6%	73.8%	73.9%	Below 50th
	CHPW	73.4%	72.5%	71.7%	Below 50th
	MHW	68.7%	67.2%	66.9%	Below 50th
	UHC	68.3%	67.9%	66.2%	Below 50th
	WLP	65.6%	67.4%	65.5%	Below 50th
Immunizations for Adolescents (IMA-E), Combo 2	Statewide†	30.4%	30.8%	31.4%	Below 50th
	CCW	35.4%	37.5%	37.0%	Above 50th, Below 75th
	CHPW	35.1%	34.0%	34.3%	At 50th
	MHW	29.0%	28.9%	29.8%	Below 50th
	UHC	27.9%	30.1%	28.7%	Below 50th
	WLP	27.0%	29.0%	29.9%	Below 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Lead Screening in Children (LSC)	Statewide†	31.9%	30.5%	41.9%	Below 50th
	CCW	40.2%	36.0%	48.4%	Below 50th
	CHPW	39.2%	43.1%	50.9%	Below 50th
	MHW	29.2%	26.0%	39.7%	Below 50th
	UHC	25.8%	26.5%	32.6%	Below 50th
	WLP	33.3%	33.8%	39.7%	Below 50th
Breast Cancer Screening (BCS-E), Total	Statewide†	46.1%	47.4%	48.7%	Below 50th
	CCW	47.2%	49.3%	50.9%	Below 50th
	CHPW	44.1%	47.8%	48.8%	Below 50th
	MHW	48.6%	48.8%	50.5%	Below 50th
	UHC	45.8%	46.4%	47.1%	Below 50th
	WLP	40.4%	41.8%	42.2%	Below 50th
Cervical Cancer Screening (CCS)	Statewide†	55.0%	51.5%	52.6%	Below 50th
	CCW	51.3%	53.8%	57.4%	At 50th
	CHPW	55.7%	50.1%	54.5%	At 50th
	MHW	59.1%	53.8%	53.5%	At 50th
	UHC	49.9%	50.9%	47.9%	Below 50th
	WLP	47.0%	43.1%	46.2%	Below 50th
Cervical Cancer Screening (CCS-E)	Statewide†		47.5%	47.1%	Below 50th
	CCW		46.0%	46.8%	Below 50th
	CHPW		43.7%	43.3%	Below 50th
	MHW		51.1%	50.0%	Below 50th
	UHC		44.7%	44.7%	Below 50th
	WLP		42.1%	42.4%	Below 50th
Colorectal Cancer Screening (COL-E), Age 46-50 Years	Statewide†	16.8%	24.4%	28.0%	Below 50th
	CCW	16.3%	24.8%	28.1%	Below 50th
	CHPW	16.1%	23.4%	26.2%	Below 50th
	MHW	17.9%	26.4%	30.0%	Below 50th
	UHC	17.3%	23.8%	28.0%	Below 50th
	WLP	14.1%	19.4%	23.1%	Below 50th

[†]Statewide Weighted Rate

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Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Colorectal Cancer Screening (COL-E), Age 51-75 Years	Statewide†	35.1%	38.9%	40.5%	Below 50th
	CCW	38.5%	41.3%	42.5%	Below 50th
	CHPW	34.9%	37.0%	37.1%	Below 50th
	MHW	36.3%	41.2%	43.1%	Below 50th
	UHC	35.3%	38.5%	40.6%	Below 50th
	WLP	29.5%	33.0%	34.7%	Below 50th
Colorectal Cancer Screening (COL-E), Total	Statewide†	31.3%	35.2%	37.4%	Below 50th
	CCW	34.3%	37.4%	39.1%	Below 50th
	CHPW	31.1%	33.7%	34.5%	Below 50th
	MHW	32.2%	37.2%	39.6%	Below 50th
	UHC	32.1%	35.2%	37.8%	Below 50th
	WLP	26.5%	29.7%	32.0%	Below 50th
Chlamydia Screening in Women (CHL), 16-20 Years	Statewide†	44.1%	44.6%	43.4%	Below 50th
	CCW	47.4%	45.9%	46.0%	Below 50th
	CHPW	43.8%	43.8%	42.3%	Below 50th
	MHW	43.8%	44.8%	43.4%	Below 50th
	UHC	42.1%	42.4%	42.6%	Below 50th
	WLP	43.2%	44.5%	42.5%	Below 50th
Chlamydia Screening in Women (CHL), 21-24 Years	Statewide†	57.1%	57.7%	57.8%	Below 50th
	CCW	58.7%	58.4%	59.2%	Below 50th
	CHPW	56.1%	57.0%	58.5%	Below 50th
	MHW	57.9%	58.3%	57.7%	Below 50th
	UHC	53.9%	56.3%	57.2%	Below 50th
	WLP	55.4%	56.2%	55.4%	Below 50th
Chlamydia Screening in Women (CHL), Total	Statewide†	50.3%	50.7%	49.8%	Below 50th
	CCW	52.6%	51.5%	51.8%	Below 50th
	CHPW	49.7%	50.0%	49.6%	Below 50th
	MHW	50.5%	51.0%	49.6%	Below 50th
	UHC	47.7%	49.1%	49.3%	Below 50th
	WLP	49.6%	50.4%	48.5%	Below 50th

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Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Topical Fluoride for Children (TFC), 1-2 Years	Statewide†		1.9%	2.2%	↑
	CCW		0.9%	1.5%	↑
	CHPW		1.3%	1.8%	
	MHW		2.3%	2.5%	
	UHC		1.5%	2.5%	↑
	WLP		2.6%	2.0%	
Topical Fluoride for Children (TFC), 3-4 Years	Statewide†		0.2%	0.3%	
	CCW		0.1%	0.2%	
	CHPW		0.2%	0.2%	
	MHW		0.3%	0.4%	
	UHC		0.1%	0.2%	
	WLP		0.3%	0.3%	
Topical Fluoride for Children (TFC), Total	Statewide†		1.0%	1.2%	↑
	CCW		0.5%	0.8%	↑
	CHPW		0.7%	1.0%	
	MHW		1.2%	1.4%	
	UHC		0.7%	1.3%	↑
	WLP		1.4%	1.1%	↓
Adult Immunization Status (AIS-E), Influenza	Statewide†		18.0%	17.4%	↓
	CCW		19.8%	18.9%	↓
	CHPW		18.5%	18.2%	
	MHW		17.6%	17.0%	↓
	UHC		20.2%	18.6%	↓
	WLP		15.4%	15.1%	
Adult Immunization Status (AIS-E), Td/Tdap	Statewide†		55.9%	57.4%	↑
	CCW		59.5%	58.9%	
	CHPW		57.0%	57.0%	
	MHW		55.4%	58.6%	↑
	UHC		57.7%	57.2%	
	WLP		51.8%	52.6%	↑

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Statistically significant increase from previous measure year  Statistically significant decrease from previous measure year 

Prevention and Screening

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Adult Immunization Status (AIS-E), Zoster	Statewide†		17.9%	19.8% 	Above 75th
	CCW		18.5%	20.6% 	Above 75th
	CHPW		18.1%	19.7% 	At 75th
	MHW		18.0%	20.2% 	Above 75th
	UHC		20.2%	21.7% 	Above 75th
	WLP		14.2%	16.0% 	Above 50th, Below 75th
Adult Immunization Status (AIS-E), Pneumococcal	Statewide†		54.6%	54.0%	Above 50th, Below 75th
	CCW		58.0%	55.1%	At 50th
	CHPW		52.8%	51.8%	At 50th
	MHW		64.6%	61.6%	At 75th
	UHC		48.2%	54.0%	At 50th
	WLP		49.7%	46.3%	Below 50th
Prenatal Immunization Status (PRS-E), Influenza	Statewide†	33.0% 	31.5% 	29.9% 	At 75th
	CCW	35.9% 	36.0%	34.8%	Above 75th
	CHPW	35.9% 	34.7%	33.8%	Above 75th
	MHW	31.1% 	29.6%	27.8% 	Above 50th, Below 75th
	UHC	37.2%	33.0% 	30.0%	At 75th
	WLP	31.0%	29.6%	27.7%	Above 50th, Below 75th
Prenatal Immunization Status (PRS-E), Tdap	Statewide†	65.8%	64.6%	64.5%	Above 50th, Below 75th
	CCW	71.1%	72.0%	70.9%	Above 75th
	CHPW	69.7%	67.9%	67.2%	At 75th
	MHW	63.8%	62.1%	61.6%	Above 50th, Below 75th
	UHC	67.8%	67.8%	67.2%	At 75th
	WLP	62.5% 	61.1%	63.8%	Above 50th, Below 75th
Prenatal Immunization Status (PRS-E), Combination	Statewide†	30.1% 	28.7% 	27.4% 	At 75th
	CCW	33.1% 	33.4%	32.3%	Above 75th
	CHPW	33.0% 	31.7%	30.9%	Above 75th
	MHW	28.5% 	26.8% 	25.3%	Above 50th, Below 75th
	UHC	33.1% 	29.6%	27.6%	At 75th
	WLP	28.0%	27.0%	25.4%	Above 50th, Below 75th

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Statistically significant decrease from previous measure year



Respiratory Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Appropriate Testing for Pharyngitis (CWP), 3-17 Years	Statewide†	76.7%	86.1%	89.6%	Above 50th, Below 75th
	CCW	83.1%	88.8%	91.0%	At 75th
	CHPW	75.6%	86.0%	90.0%	Above 50th, Below 75th
	MHW	76.3%	85.8%	89.4%	Above 50th, Below 75th
	UHC	73.2%	84.8%	89.7%	Above 50th, Below 75th
	WLP	73.1%	84.7%	88.1%	At 50th
Appropriate Testing for Pharyngitis (CWP), 18-64 Years	Statewide†	74.6%	80.9%	84.1%	At 75th
	CCW	79.4%	84.2%	86.4%	Above 75th
	CHPW	73.1%	81.7%	85.8%	Above 75th
	MHW	74.1%	80.6%	84.1%	At 75th
	UHC	73.6%	77.7%	79.5%	At 50th
	WLP	74.5%	80.6%	83.7%	At 75th
Appropriate Testing for Pharyngitis (CWP), Total	Statewide†	75.6%	84.1%	87.8%	Above 50th, Below 75th
	CCW	81.3%	87.3%	89.7%	Above 75th
	CHPW	74.3%	84.4%	88.6%	At 75th
	MHW	75.1%	83.9%	87.7%	Above 50th, Below 75th
	UHC	73.5%	81.7%	85.8%	Above 50th, Below 75th
	WLP	73.9%	82.9%	86.5%	Above 50th, Below 75th
Pharmacotherapy Management of COPD Exacerbation (PCE), Systemic Corticosteroid	Statewide†	75.0%	74.4%	76.6%	At 75th
	CCW	78.3%	73.4%	79.1%	At 75th
	CHPW	67.5%	68.0%	72.5%	At 50th
	MHW	77.2%	75.4%	77.3%	At 75th
	UHC	73.9%	78.7%	76.4%	At 75th
	WLP	76.0%	74.5%	77.4%	At 75th
Pharmacotherapy Management of COPD Exacerbation (PCE), Bronchodilator	Statewide†	86.3%	85.0%	86.8%	At 75th
	CCW	85.5%	83.4%	88.1%	At 50th
	CHPW	84.2%	83.1%	85.8%	At 50th
	MHW	87.2%	84.2%	86.0%	At 50th
	UHC	86.7%	88.5%	87.3%	At 50th
	WLP	86.6%	86.3%	88.1%	At 75th

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Statistically significant decrease from previous measure year



Respiratory Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Asthma Medication Ratio (AMR), 5-11 Years	Statewide†	82.4%	75.2%	82.2%	Above 75th
	CCW	85.4%	81.3%	67.8%	At 50th
	CHPW	72.1%	70.2%	96.0%	Above 75th
	MHW	85.9%	80.1%	88.9%	Above 75th
	UHC	68.7%	60.7%	62.8%	At 50th
	WLP	94.2%	87.0%	82.8%	At 75th
Asthma Medication Ratio (AMR), 12-18 Years	Statewide†	76.2%	69.2%	77.8%	Above 75th
	CCW	76.2%	70.9%	66.4%	At 50th
	CHPW	69.5%	63.5%	93.6%	Above 75th
	MHW	81.5%	74.6%	85.4%	Above 75th
	UHC	61.3%	52.1%	54.7%	Below 50th
	WLP	75.2%	79.2%	71.8%	At 50th
Asthma Medication Ratio (AMR), 19-50 Years	Statewide†	69.4%	67.2%	72.2%	Above 75th
	CCW	68.4%	66.8%	63.6%	At 50th
	CHPW	62.7%	67.2%	89.0%	Above 75th
	MHW	75.6%	72.4%	78.9%	Above 75th
	UHC	55.7%	52.9%	55.3%	Below 50th
	WLP	76.0%	77.2%	75.0%	Above 75th
Asthma Medication Ratio (AMR), 51-64 Years	Statewide†	71.3%	69.4%	73.8%	At 75th
	CCW	71.5%	76.7%	71.8%	At 50th
	CHPW	64.7%	71.1%	95.5%	Above 75th
	MHW	77.9%	75.7%	82.8%	Above 75th
	UHC	60.9%	56.9%	56.6%	Below 50th
	WLP	78.7%	76.4%	68.6%	At 50th
Asthma Medication Ratio (AMR), Total	Statewide†	72.4%	69.1%	75.2%	Above 75th
	CCW	73.2%	71.9%	66.4%	At 50th
	CHPW	65.4%	67.9%	92.3%	Above 75th
	MHW	78.5%	74.6%	82.8%	Above 75th
	UHC	58.9%	54.9%	56.6%	Below 50th
	WLP	78.2%	78.2%	73.7%	At 75th

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Cardiovascular Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Controlling High Blood Pressure (CBP)	Statewide†	60.1%	63.0%	66.2%	At 50th
	CCW	54.5%	62.0%	69.8%	At 50th
	CHPW	60.6%	65.5%	68.6%	At 50th
	MHW	61.3%	60.8%	65.8%	At 50th
	UHC	63.0%	65.5%	67.4%	At 50th
	WLP	57.2%	65.5%	60.1%	Below 50th
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Statewide†	83.0%	58.1%	53.4%	At 50th
	CCW	74.1%	56.9%	56.4%	At 50th
	CHPW	79.4%	53.3%	49.1%	At 50th
	MHW	86.7%	63.0%	53.9%	At 50th
	UHC	81.4%	58.0%	55.6%	At 50th
	WLP	82.8%	52.5%	51.3%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 21-75 Years (Male)	Statewide†	83.4%	83.5%	81.6%	Below 50th
	CCW	81.6%	83.3%	79.0%	Below 50th
	CHPW	87.3%	83.3%	82.2%	At 50th
	MHW	84.2%	84.4%	82.7%	At 50th
	UHC	83.3%	84.4%	81.1%	At 50th
	WLP	80.3%	80.6%	80.3%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 40-75 Years (Female)	Statewide†	79.0%	79.9%	79.1%	At 50th
	CCW	82.9%	81.9%	75.9%	At 50th
	CHPW	81.5%	81.6%	82.1%	At 50th
	MHW	79.0%	79.6%	79.9%	At 50th
	UHC	78.5%	79.3%	77.8%	At 50th
	WLP	75.5%	78.8%	77.0%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, Total	Statewide†	81.9%	82.2%	80.7%	At 50th
	CCW	82.0%	82.9%	78.0%	Below 50th
	CHPW	85.4%	82.7%	82.1%	At 50th
	MHW	82.2%	82.5%	81.7%	At 50th
	UHC	81.7%	82.8%	80.0%	At 50th
	WLP	78.9%	80.0%	79.3%	At 50th

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Cardiovascular Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 21-75 Years (Male)	Statewide†	71.5%	71.2%	71.2%	At 50th
	CCW	70.1%	69.9%	63.8%	Below 50th
	CHPW	72.8%	70.3%	71.1%	At 50th
	MHW	69.3%	71.4%	72.5%	At 50th
	UHC	74.1%	72.6%	70.7%	At 50th
	WLP	74.2%	71.0%	74.1%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 40-75 Years (Female)	Statewide†	72.4%	72.2%	72.3%	At 50th
	CCW	72.4%	71.7%	69.5%	At 50th
	CHPW	69.4%	71.0%	69.8%	At 50th
	MHW	74.2%	71.7%	73.0%	At 50th
	UHC	71.2%	71.7%	71.9%	At 50th
	WLP	69.8%	76.5%	75.3%	At 50th
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Total	Statewide†	71.8%	71.6%	71.6%	At 50th
	CCW	70.8%	70.4%	65.6%	Below 50th
	CHPW	71.8%	70.5%	70.6%	At 50th
	MHW	71.0%	71.5%	72.7%	At 50th
	UHC	73.3%	72.3%	71.1%	At 50th
	WLP	73.0%	72.6%	74.5%	At 50th
Cardiac Rehabilitation (CDE), Initiation, 18-64 Years	Statewide†	4.9%	3.4%	2.9%	At 50th
	CCW	3.7%	3.6%	3.7%	At 50th
	CHPW	3.6%	3.7%	3.8%	At 50th
	MHW	5.9%	2.4%	2.3%	At 50th
	UHC	6.2%	4.1%	3.0%	At 50th
	WLP	3.0%	4.7%	2.9%	At 50th
Cardiac Rehabilitation (CDE), Initiation, Total	Statewide†	4.9%	3.4%	2.9%	At 50th
	CCW	3.6%	3.5%	3.6%	At 50th
	CHPW	3.6%	3.6%	3.7%	At 50th
	MHW	5.9%	2.5%	2.3%	At 50th
	UHC	6.2%	4.0%	3.0%	At 50th
	WLP	3.0%	4.6%	2.9%	At 50th

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Cardiovascular Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Cardiac Rehabilitation (CDE), Engagement1, 18-64 Years	Statewide†	5.8%	3.0%	2.7%	Below 50th
	CCW	5.1%	4.4%	5.7%	At 50th
	CHPW	7.7%	7.1%	4.7%	At 50th
	MHW	5.5%	0.1%	0.1%	Below 50th
	UHC	7.1%	5.3%	4.3%	At 50th
	WLP	4.4%	3.6%	4.2%	At 50th
Cardiac Rehabilitation (CDE), Engagement1, Total	Statewide†	5.8%	3.0%	2.7%	Below 50th
	CCW	5.0%	4.3%	5.6%	At 50th
	CHPW	7.5%	6.9%	4.6%	At 50th
	MHW	5.6%	0.1%	0.1%	Below 50th
	UHC	7.1%	5.5%	4.2%	At 50th
	WLP	4.3%	3.5%	4.1%	At 50th
Cardiac Rehabilitation (CDE), Engagement2, 18-64 Years	Statewide†	4.0%	2.3%	1.8%	Below 50th
	CCW	2.8%	4.0%	3.7%	At 50th
	CHPW	5.3%	5.4%	3.2%	At 50th
	MHW	4.6%	0.1%	0.1%	Below 50th
	UHC	4.0%	4.7%	3.5%	At 50th
	WLP	2.5%	1.9%	1.9%	At 50th
Cardiac Rehabilitation (CDE), Engagement2, Total	Statewide†	4.0%	2.3%	1.8%	Below 50th
	CCW	2.7%	3.9%	3.6%	At 50th
	CHPW	5.2%	5.3%	3.1%	At 50th
	MHW	4.7%	0.1%	0.1%	Below 50th
	UHC	4.0%	4.6%	3.5%	At 50th
	WLP	2.4%	1.9%	1.9%	At 50th
Cardiac Rehabilitation (CDE), Achievement, 18-64 Years	Statewide†	1.0%	0.3%	0.4%	Below 50th
	CCW	0.0%	0.4%	0.0%	At 50th
	CHPW	0.0%	1.3%	1.2%	At 50th
	MHW	1.4%	0.0%	0.1%	Below 50th
	UHC	1.9%	0.3%	0.5%	At 50th
	WLP	0.3%	0.0%	0.3%	At 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Cardiovascular Conditions

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Cardiac Rehabilitation (CDE), Achievement, Total	Statewide†	1.0%	0.3%	0.4%	Below 50th
	CCW	0.0%	0.4%	0.0%	At 50th
	CHPW	0.0%	1.3%	1.1%	At 50th
	MHW	1.5%	0.0%	0.1%	Below 50th
	UHC	1.9%	0.3%	0.5%	At 50th
	WLP	0.3%	0.0%	0.3%	At 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Diabetes

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)	Statewide†	36.5%	37.5%	33.3%	Below 50th
	CCW	44.8%	40.4%	31.1%	At 50th
	CHPW	32.9%	38.4%	34.8%	At 50th
	MHW	35.8%	38.0%	33.6%	At 50th
	UHC	34.1%	34.1%	31.1%	At 50th
	WLP	38.7%	36.0%	34.8%	At 50th
Glycemic Status Assessment for Patients with Diabetes (GSD), Glycemic Status <8%	Statewide†	52.5%	54.1%	57.2%	Below 50th
	CCW	45.3%	51.6%	59.1%	At 50th
	CHPW	54.5%	54.5%	54.0%	Below 50th
	MHW	53.8%	53.8%	58.2%	At 50th
	UHC	55.2%	55.0%	58.4%	At 50th
	WLP	49.2%	56.0%	55.0%	Below 50th
Eye Exam for Patients with Diabetes (EED)	Statewide†	48.7%	48.2%	51.2%	Below 50th
	CCW	47.5%	47.5%	51.6%	Below 50th
	CHPW	52.3%	57.7%	56.2%	At 50th
	MHW	50.6%	47.0%	51.3%	Below 50th
	UHC	44.8%	45.7%	45.0%	Below 50th
	WLP	43.8%	44.0%	50.1%	Below 50th
Blood Pressure Control for Patients with Diabetes (BPD)	Statewide†	69.6%	72.7%	74.2%	At 75th
	CCW	59.1%	69.1%	78.1%	At 75th
	CHPW	69.6%	77.4%	76.2%	At 75th
	MHW	72.3%	71.1%	73.5%	At 50th
	UHC	70.1%	77.4%	75.2%	At 50th
	WLP	69.1%	70.8%	69.3%	At 50th
Kidney Health Evaluation for Patients with Diabetes (KED), 18-64 Years	Statewide†	41.4%	42.5%	44.2%	Above 50th, Below 75th
	CCW	40.9%	40.9%	45.7%	Above 50th, Below 75th
	CHPW	40.4%	40.8%	41.5%	At 50th
	MHW	41.4%	41.9%	43.5%	Above 50th, Below 75th
	UHC	45.0%	46.4%	46.7%	At 75th
	WLP	39.2%	43.8%	46.1%	Above 50th, Below 75th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Diabetes

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Kidney Health Evaluation for Patients with Diabetes (KED), 65-75 Years	Statewide†			49.1%	At 50th
	CCW			50.9%	At 50th
	CHPW			52.6%	At 50th
	MHW			50.5%	At 50th
	UHC			45.7%	At 50th
	WLP			41.7%	At 50th
Kidney Health Evaluation for Patients with Diabetes (KED), 76-85 Years	Statewide†			51.0%	At 50th
	CCW			59.5%	At 50th
	CHPW			44.4%	At 50th
	MHW			47.4%	At 50th
	UHC			***	NA
	WLP			45.5%	At 50th
Kidney Health Evaluation for Patients with Diabetes (KED), Total	Statewide†	41.5%	42.6%	44.3%	Above 50th, Below 75th
	CCW	40.9%	41.1%	46.0%	Above 50th, Below 75th
	CHPW	40.5%	41.0%	41.7%	At 50th
	MHW	41.5%	42.0%	43.6%	Above 50th, Below 75th
	UHC	45.2%	46.5%	46.8%	Above 50th, Below 75th
	WLP	39.2%	44.1%	46.0%	Above 50th, Below 75th
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	Statewide†	64.4%	63.6%	65.0%	Below 50th
	CCW	65.5%	63.8%	66.0%	At 50th
	CHPW	65.5%	65.2%	66.7%	At 50th
	MHW	64.0%	62.5%	63.9%	Below 50th
	UHC	66.0%	66.4%	67.3%	At 50th
	WLP	62.3%	62.0%	63.6%	Below 50th
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	Statewide†	68.7%	69.4%	69.5%	At 50th
	CCW	69.0%	70.8%	65.3%	Below 50th
	CHPW	68.9%	68.9%	68.1%	At 50th
	MHW	68.3%	69.4%	71.1%	Above 50th, Below 75th
	UHC	70.8%	70.9%	69.9%	At 50th
	WLP	67.0%	67.1%	69.5%	At 50th

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Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Diagnosed Mental Health Disorders (DMH), 1-17 Years	Statewide†	20.0%	21.2%	22.0%	Below 50th
	CCW	24.8%	25.7%	27.1%	Above 50th, Below 75th
	CHPW	16.7%	18.0%	18.7%	Below 50th
	MHW	20.4%	21.7%	22.2%	Below 50th
	UHC	18.5%	19.6%	20.2%	Below 50th
	WLP	18.1%	19.4%	20.7%	Below 50th
Diagnosed Mental Health Disorders (DMH), 18-64 Years	Statewide†	30.2%	32.5%	34.9%	Below 50th
	CCW	28.0%	31.0%	33.7%	Below 50th
	CHPW	26.5%	29.4%	31.9%	Below 50th
	MHW	32.4%	34.4%	36.4%	At 50th
	UHC	30.8%	32.8%	35.4%	Below 50th
	WLP	27.8%	30.5%	32.8%	Below 50th
Diagnosed Mental Health Disorders (DMH), 65+ Years	Statewide†	19.8%	22.7%	23.3%	Below 50th
	CCW	17.0%	19.5%	20.3%	Below 50th
	CHPW	21.4%	23.0%	19.9%	Below 50th
	MHW	22.2%	25.6%	30.9%	At 50th
	UHC	19.8%	23.3%	23.8%	Below 50th
	WLP	16.3%	21.2%	19.1%	Below 50th
Diagnosed Mental Health Disorders (DMH), Total	Statewide†	25.7%	27.2%	28.6%	Below 50th
	CCW	26.5%	28.3%	30.2%	Above 50th, Below 75th
	CHPW	22.3%	24.2%	25.4%	Below 50th
	MHW	26.8%	28.1%	29.2%	Below 50th
	UHC	26.3%	27.6%	29.3%	Below 50th
	WLP	24.3%	26.1%	27.8%	Below 50th
Antidepressant Medication Management (AMM), Effective Acute Phase	Statewide†	63.5%	64.8%	66.0%	Above 50th, Below 75th
	CCW	62.2%	63.0%	66.5%	Above 50th, Below 75th
	CHPW	59.0%	59.6%	59.1%	Below 50th
	MHW	64.2%	65.6%	66.7%	Above 50th, Below 75th
	UHC	66.3%	68.4%	69.3%	At 75th
	WLP	62.9%	64.6%	66.4%	Above 50th, Below 75th

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Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Antidepressant Medication Management (AMM), Continuation Phase	Statewide†	45.4%	46.8%	48.0%	Above 50th, Below 75th
	CCW	43.5%	46.3%	47.3%	At 50th
	CHPW	42.2%	44.8%	44.5%	Below 50th
	MHW	46.4%	46.7%	48.5%	Above 50th, Below 75th
	UHC	47.7%	50.1%	50.6%	At 75th
	WLP	43.6%	45.8%	48.3%	At 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Initiation Phase	Statewide†	44.9%	44.4%	45.1%	Below 50th
	CCW	43.9%	42.5%	45.4%	At 50th
	CHPW	42.7%	42.9%	43.0%	At 50th
	MHW	46.2%	45.8%	46.5%	At 50th
	UHC	42.4%	45.1%	43.7%	At 50th
	WLP	43.7%	41.4%	40.5%	Below 50th
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Continuation and Maintenance (C&M) Phase	Statewide†	53.0%	50.9%	53.6%	At 50th
	CCW	50.1%	47.4%	53.2%	At 50th
	CHPW	52.4%	49.7%	53.4%	At 50th
	MHW	55.6%	52.4%	54.9%	At 50th
	UHC	49.7%	52.6%	51.3%	At 50th
	WLP	49.4%	49.8%	49.8%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 6-17 Years	Statewide†	74.4%	76.0%	77.8%	At 75th
	CCW	69.3%	71.9%	74.1%	At 50th
	CHPW	82.5%	84.2%	88.9%	Above 75th
	MHW	75.9%	77.9%	76.9%	At 75th
	UHC	69.6%	69.5%	76.7%	At 50th
	WLP	71.9%	70.7%	75.8%	At 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, 18-64 Years	Statewide†	53.9%	54.3%	60.4%	Above 50th, Below 75th
	CCW	48.4%	49.5%	51.1%	Below 50th
	CHPW	72.6%	65.8%	80.3%	Above 75th
	MHW	55.8%	58.8%	63.5%	Above 50th, Below 75th
	UHC	51.3%	48.8%	52.6%	Below 50th
	WLP	36.8%	39.6%	45.4%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	Statewide†	58.5%	58.7%	64.0%	Above 50th, Below 75th
	CCW	55.0%	56.5%	57.9%	Below 50th
	CHPW	74.1%	68.7%	81.7%	Above 75th
	MHW	61.1%	63.2%	66.7%	Above 50th, Below 75th
	UHC	54.1%	51.5%	55.8%	Below 50th
	WLP	42.0%	43.7%	49.3%	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 6-17 Years	Statewide†	52.9%	51.0%	56.0%	At 75th
	CCW	45.3%	47.4%	48.4%	At 50th
	CHPW	69.7%	63.9%	78.1%	Above 75th
	MHW	53.3%	51.5%	54.0%	Above 50th, Below 75th
	UHC	45.1%	44.7%	51.0%	At 50th
	WLP	53.5%	46.3%	57.3%	At 75th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, 18-64 Years	Statewide†	35.6%	35.3%	40.8%	Above 50th, Below 75th
	CCW	29.6%	31.3%	33.6%	At 50th
	CHPW	58.0%	52.0%	65.0%	Above 75th
	MHW	34.3%	36.3%	40.0%	Above 50th, Below 75th
	UHC	32.4%	29.8%	33.8%	At 50th
	WLP	23.4%	24.1%	29.3%	Below 50th
Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	Statewide†	39.4%	38.5%	44.0%	Above 50th, Below 75th
	CCW	34.5%	36.3%	38.0%	At 50th
	CHPW	59.9%	53.9%	67.2%	Above 75th
	MHW	39.3%	39.8%	43.3%	Above 50th, Below 75th
	UHC	34.3%	31.8%	36.1%	Below 50th
	WLP	27.9%	27.0%	32.8%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, 6-17 Years	Statewide†	74.1%	75.5%	74.7%	Above 50th, Below 75th
	CCW	77.1%	73.7%	69.0%	At 50th
	CHPW	72.1%	69.7%	70.8%	At 50th
	MHW	75.9%	78.7%	79.5%	At 75th
	UHC	72.4%	75.1%	71.8%	At 50th
	WLP	59.9%	68.1%	69.2%	At 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



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Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, 18-64 Years	Statewide†	53.4%	56.4%	55.5%	Above 50th, Below 75th
	CCW	47.0%	48.0%	49.1%	At 50th
	CHPW	54.7%	61.7%	60.9%	At 75th
	MHW	60.3%	62.7%	60.4%	At 75th
	UHC	52.7%	53.0%	48.7%	Below 50th
	WLP	38.9%	41.5%	43.9%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 30-Day Follow-Up, Total	Statewide†	58.1%	60.8%	59.5%	Above 50th, Below 75th
	CCW	57.2%	56.4%	55.1%	At 50th
	CHPW	57.7%	63.0%	62.3%	Above 50th, Below 75th
	MHW	64.4%	66.9%	64.8%	At 75th
	UHC	55.7%	57.0%	52.0%	Below 50th
	WLP	41.7%	45.1%	47.4%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 6-17 Years	Statewide†	58.0%	58.0%	57.5%	Above 50th, Below 75th
	CCW	57.8%	51.1%	48.1%	At 50th
	CHPW	54.3%	54.8%	52.5%	At 50th
	MHW	61.9%	61.9%	63.4%	At 75th
	UHC	59.2%	63.5%	57.0%	At 50th
	WLP	38.4%	47.2%	52.6%	At 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, 18-64 Years	Statewide†	41.0%	42.9%	42.2%	Above 50th, Below 75th
	CCW	33.3%	34.5%	35.6%	At 50th
	CHPW	42.9%	49.6%	46.7%	At 75th
	MHW	47.7%	48.7%	47.1%	At 75th
	UHC	40.3%	39.1%	35.0%	At 50th
	WLP	26.9%	28.2%	32.1%	Below 50th
Follow-Up After Emergency Department Visit for Mental Illness (FUM), 7-Day Follow-Up, Total	Statewide†	44.8%	46.3%	45.3%	Above 50th, Below 75th
	CCW	41.6%	40.0%	39.4%	At 50th
	CHPW	44.8%	50.5%	47.5%	Above 50th, Below 75th
	MHW	51.4%	52.1%	50.9%	At 75th
	UHC	43.2%	43.5%	38.2%	Below 50th
	WLP	28.3%	30.7%	35.0%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 13-17 Years	Statewide†	0.5%	0.6%	0.6%	Above 75th
	CCW	0.7%	1.0%	0.9%	Above 75th
	CHPW	0.4%	0.6%	0.6%	Above 75th
	MHW	0.5%	0.6%	0.6%	Above 75th
	UHC	0.4%	0.5%	0.6%	Above 75th
	WLP	0.5%	0.5%	0.5%	Above 75th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 13-17 Years	Statewide†	0.1%	0.1%	0.1%	Above 75th
	CCW	0.2%	0.3%	0.2%	Above 75th
	CHPW	0.1%	0.1%	0.1%	At 50th
	MHW	0.1%	0.1%	0.1%	Above 75th
	UHC	0.1%	0.2%	0.1%	At 75th
	WLP	0.1%	0.2%	0.1%	At 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 13-17 Years	Statewide†	1.2%	1.4%	1.3%	Above 50th, Below 75th
	CCW	1.6%	2.0%	1.9%	Above 75th
	CHPW	0.9%	0.9%	1.1%	At 50th
	MHW	1.2%	1.4%	1.3%	Above 50th, Below 75th
	UHC	1.1%	1.3%	1.1%	At 50th
	WLP	1.3%	1.3%	1.1%	At 50th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 13-17 years	Statewide†	1.4%	1.6%	1.6%	At 75th
	CCW	1.9%	2.3%	2.3%	Above 75th
	CHPW	1.1%	1.2%	1.3%	Above 50th, Below 75th
	MHW	1.4%	1.6%	1.6%	At 75th
	UHC	1.2%	1.5%	1.4%	At 75th
	WLP	1.5%	1.5%	1.4%	At 75th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 18-64 Years	Statewide†	3.7%	3.9%	4.1%	Above 50th, Below 75th
	CCW	3.7%	4.0%	4.3%	Above 50th, Below 75th
	CHPW	3.6%	3.8%	4.4%	Above 50th, Below 75th
	MHW	3.5%	3.7%	3.9%	Above 50th, Below 75th
	UHC	3.8%	4.0%	4.2%	Above 50th, Below 75th
	WLP	4.2%	4.4%	4.8%	At 75th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 18-64 Years	Statewide†	4.4%	5.1%	5.8%	Above 75th
	CCW	4.0%	5.0%	5.6%	Above 75th
	CHPW	3.5%	3.9%	4.8%	Above 50th, Below 75th
	MHW	4.6%	5.2%	5.8%	Above 75th
	UHC	5.2%	5.8%	6.8%	Above 75th
	WLP	4.5%	5.2%	6.2%	Above 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 18-64 Years	Statewide†	5.1%	5.9%	6.8%	Above 50th, Below 75th
	CCW	5.0%	6.1%	7.0%	Above 75th
	CHPW	4.6%	5.5%	6.7%	At 75th
	MHW	5.0%	5.7%	6.4%	Above 50th, Below 75th
	UHC	5.3%	6.1%	7.0%	At 75th
	WLP	5.7%	6.8%	8.0%	Above 75th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 18-64 Years	Statewide†	9.7%	10.7%	11.8%	At 75th
	CCW	9.4%	10.7%	11.7%	At 75th
	CHPW	8.7%	9.6%	11.2%	Above 50th, Below 75th
	MHW	9.6%	10.5%	11.3%	Above 50th, Below 75th
	UHC	10.7%	11.4%	12.7%	Above 75th
	WLP	10.7%	12.0%	13.5%	Above 75th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, 65+ Years	Statewide†	2.0%	1.9%	1.6%	Below 50th
	CCW	2.3%	1.6%	1.0%	Below 50th
	CHPW	1.8%	1.9%	1.7%	At 50th
	MHW	2.0%	1.5%	1.2%	Below 50th
	UHC	2.1%	2.8%	2.5%	At 50th
	WLP	1.8%	1.8%	1.8%	At 50th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, 65+ Years	Statewide†	1.4%	1.4%	1.3%	At 50th
	CCW	1.5%	2.0%	1.2%	At 50th
	CHPW	1.1%	1.1%	0.8%	At 50th
	MHW	1.4%	1.5%	2.3%	At 50th
	UHC	1.5%	1.6%	1.4%	At 50th
	WLP	1.7%	1.0%	0.7%	At 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, 65+ Years	Statewide†	1.6%	1.5%	1.8%	At 50th
	CCW	2.8%	1.6%	1.0%	Below 50th
	CHPW	1.4%	1.5%	0.8%	Below 50th
	MHW	1.5%	1.7%	2.6%	At 50th
	UHC	0.9%	1.3%	2.3%	At 50th
	WLP	1.6%	1.5%	2.3%	At 50th
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 65+ Years	Statewide†	4.1%	4.0%	4.1%	Below 50th
	CCW	4.9%	4.5%	3.0%	Below 50th
	CHPW	3.4%	3.7%	3.0%	Below 50th
	MHW	4.1%	4.0%	5.1%	At 50th
	UHC	4.0%	4.8%	5.0%	At 50th
	WLP	4.1%	3.4%	4.3%	At 50th
Diagnosed Substance Use Disorders (DSU), Alcohol Use Disorder, Total	Statewide†	3.1%	3.2%	3.4%	Above 50th, Below 75th
	CCW	3.1%	3.3%	3.5%	Above 50th, Below 75th
	CHPW	2.9%	3.1%	3.5%	Above 50th, Below 75th
	MHW	2.9%	3.0%	3.1%	Above 50th, Below 75th
	UHC	3.4%	3.5%	3.7%	Above 50th, Below 75th
	WLP	3.7%	3.9%	4.2%	Above 75th
Diagnosed Substance Use Disorders (DSU), Opioid Use Disorder, Total	Statewide†	3.6%	4.0%	4.6%	Above 75th
	CCW	3.2%	3.9%	4.3%	Above 75th
	CHPW	2.8%	3.1%	3.7%	Above 50th, Below 75th
	MHW	3.7%	4.0%	4.5%	Above 75th
	UHC	4.5%	5.0%	5.7%	Above 75th
	WLP	3.9%	4.5%	5.3%	Above 75th
Diagnosed Substance Use Disorders (DSU), Other Substance Use Disorder, Total	Statewide†	4.3%	5.0%	5.6%	Above 75th
	CCW	4.3%	5.2%	5.8%	Above 75th
	CHPW	3.9%	4.5%	5.4%	At 75th
	MHW	4.2%	4.7%	5.2%	Above 50th, Below 75th
	UHC	4.7%	5.3%	6.1%	Above 75th
	WLP	5.1%	6.0%	7.0%	Above 75th

[†]Statewide Weighted Rate

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(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, Total	Statewide†	8.2%	8.8%	9.6%	At 75th
	CCW	7.8%	8.8%	9.4%	At 75th
	CHPW	7.1%	7.8%	8.9%	Above 50th, Below 75th
	MHW	7.9%	8.5%	9.0%	Above 50th, Below 75th
	UHC	9.3%	9.9%	11.0%	Above 75th
	WLP	9.5%	10.4%	11.6%	Above 75th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 13-17 Years	Statewide†	41.4%	43.9%	41.6%	At 75th
	CCW	47.7%	47.8%	43.4%	At 75th
	CHPW	40.7%	34.8%	34.5%	At 50th
	MHW	38.1%	47.9%	43.1%	At 75th
	UHC	53.2%	33.8%	47.2%	At 75th
	WLP	34.9%	36.7%	34.0%	At 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, 18+ Years	Statewide†	43.9%	38.5%	41.4%	Above 50th, Below 75th
	CCW	41.5%	32.7%	35.3%	Below 50th
	CHPW	44.8%	38.1%	44.3%	At 75th
	MHW	46.7%	42.2%	44.7%	At 75th
	UHC	42.7%	39.0%	39.6%	At 50th
	WLP	38.6%	33.6%	35.9%	Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 30-Day Follow-Up, Total	Statewide†	43.8%	38.8%	41.5%	Above 50th, Below 75th
	CCW	42.0%	34.0%	35.9%	Below 50th
	CHPW	44.6%	37.9%	43.8%	At 75th
	MHW	46.3%	42.6%	44.6%	At 75th
	UHC	42.9%	38.8%	39.9%	At 50th
	WLP	38.5%	33.7%	35.8%	Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 13-17 Years	Statewide†	29.3%	29.6%	29.0%	At 75th
	CCW	33.3%	31.9%	32.4%	At 75th
	CHPW	33.3%	24.1%	24.1%	At 50th
	MHW	26.7%	32.7%	29.1%	At 75th
	UHC	36.2%	22.5%	33.3%	At 75th
	WLP	22.2%	21.7%	24.5%	At 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, 18+ Years	Statewide†	31.5%	26.0%	28.2%	Above 50th, Below 75th
	CCW	30.8%	23.2%	23.3%	Below 50th
	CHPW	32.6%	27.2%	30.4%	Above 50th, Below 75th
	MHW	33.3%	27.6%	30.6%	Above 50th, Below 75th
	UHC	30.8%	27.7%	27.8%	At 50th
	WLP	26.8%	21.5%	23.4%	Below 50th
Follow-Up After Emergency Department Visit for Substance Use (FUA), 7-Day Follow-Up, Total	Statewide†	31.4%	26.2%	28.3%	Above 50th, Below 75th
	CCW	31.0%	23.9%	24.0%	Below 50th
	CHPW	32.6%	27.0%	30.1%	Above 50th, Below 75th
	MHW	33.0%	27.9%	30.5%	Above 50th, Below 75th
	UHC	30.9%	27.5%	28.0%	At 50th
	WLP	26.7%	21.5%	23.4%	Below 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, 18-64 Years	Statewide†	56.6%	58.6%	58.9%	Above 50th, Below 75th
	CCW	56.8%	56.2%	59.0%	At 50th
	CHPW	57.8%	55.8%	64.7%	At 75th
	MHW	56.6%	62.4%	59.9%	Above 50th, Below 75th
	UHC	59.2%	56.6%	57.9%	At 50th
	WLP	53.4%	54.8%	52.6%	Below 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 30-Day Follow-Up, Total	Statewide†	56.4%	58.5%	58.8%	Above 50th, Below 75th
	CCW	56.7%	56.1%	58.9%	Above 50th, Below 75th
	CHPW	57.9%	55.8%	64.4%	At 75th
	MHW	56.4%	62.3%	59.8%	Above 50th, Below 75th
	UHC	59.2%	56.6%	57.8%	At 50th
	WLP	53.3%	54.8%	52.6%	Below 50th
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, 18-64 Years	Statewide†	37.5%	40.1%	40.3%	Above 50th, Below 75th
	CCW	38.5%	37.8%	39.0%	Above 50th, Below 75th
	CHPW	40.7%	39.1%	46.6%	At 75th
	MHW	37.5%	43.4%	41.5%	Above 50th, Below 75th
	UHC	39.7%	38.0%	40.1%	Above 50th, Below 75th
	WLP	33.5%	36.2%	33.5%	At 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Follow-Up After High Intensity Care for Substance Use Disorder (FUI), 7-Day Follow-Up, Total	Statewide†	37.4%	40.0%	40.2%	Above 50th, Below 75th
	CCW	38.4%	37.6%	38.9%	Above 50th, Below 75th
	CHPW	40.7%	39.2%	46.4%	At 75th
	MHW	37.3%	43.3%	41.4%	Above 50th, Below 75th
	UHC	39.7%	38.0%	40.0%	Above 50th, Below 75th
	WLP	33.5%	36.1%	33.4%	At 50th
Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Years	Statewide†	14.6%	12.9%	15.5%	Below 50th
	CCW	17.7%	11.3%	14.2%	Below 50th
	CHPW	10.7%	11.9%	14.7%	Below 50th
	MHW	13.9%	12.4%	16.0%	Below 50th
	UHC	16.8%	14.7%	14.5%	Below 50th
	WLP	15.1%	15.2%	16.7%	Below 50th
Pharmacotherapy for Opioid Use Disorder (POD), Total	Statewide†	14.6%	12.9%	15.5%	Below 50th
	CCW	17.9%	11.2%	14.2%	Below 50th
	CHPW	10.6%	11.9%	14.7%	Below 50th
	MHW	14.0%	12.4%	16.0%	Below 50th
	UHC	16.9%	14.7%	14.5%	Below 50th
	WLP	15.1%	15.2%	16.6%	Below 50th
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	Statewide†	78.7%	80.9%	81.5%	Below 50th
	CCW	79.7%	80.5%	77.7%	Below 50th
	CHPW	76.8%	79.5%	80.5%	Below 50th
	MHW	78.8%	81.0%	82.2%	At 50th
	UHC	79.4%	81.8%	81.7%	At 50th
	WLP	78.6%	81.6%	83.0%	At 50th
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Statewide†	60.3%	62.2%	64.9%	Below 50th
	CCW	57.0%	59.5%	55.1%	Below 50th
	CHPW	59.1%	60.0%	62.1%	Below 50th
	MHW	61.8%	63.9%	68.7%	Below 50th
	UHC	58.8%	60.9%	63.5%	Below 50th
	WLP	61.4%	63.1%	65.3%	Below 50th

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	Statewide†	55.4%	56.8%	56.9%	Below 50th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	58.8%	58.9%	61.1%	Below 50th
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Statewide†	63.9%	65.8%	68.5%	Above 50th, Below 75th
	CCW	64.5%	62.8%	68.0%	At 50th
	CHPW	60.4%	62.5%	65.0%	At 50th
	MHW	65.1%	68.0%	69.3%	Above 50th, Below 75th
	UHC	66.9%	67.6%	69.3%	At 50th
	WLP	60.7%	62.9%	69.6%	At 75th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 1-11 Years	Statewide†	39.7%	37.9%	37.7%	Below 50th
	CCW	38.6%	41.0%	41.4%	At 50th
	CHPW	44.0%	26.3%	33.9%	Below 50th
	MHW	40.2%	38.0%	38.4%	Below 50th
	UHC	37.3%	42.9%	41.5%	At 50th
	WLP	38.9%	35.6%	26.1%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, 12-17 Years	Statewide†	58.2%	58.8%	63.0%	At 50th
	CCW	53.8%	58.4%	63.6%	At 50th
	CHPW	57.6%	57.8%	59.7%	At 50th
	MHW	59.8%	58.8%	63.4%	At 50th
	UHC	61.8%	59.6%	68.5%	At 50th
	WLP	57.9%	60.7%	59.6%	At 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose Testing, Total	Statewide†	53.0%	52.8%	55.2%	Below 50th
	CCW	48.8%	53.0%	56.9%	At 50th
	CHPW	54.8%	50.0%	52.1%	Below 50th
	MHW	54.5%	53.0%	55.7%	At 50th
	UHC	54.7%	54.9%	60.3%	At 50th
	WLP	52.5%	53.3%	48.3%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 1-11 Years	Statewide†	27.2%	28.5%	27.6%	Below 50th
	CCW	27.5%	35.9%	30.9%	At 50th
	CHPW	26.7%	15.8%	23.1%	Below 50th
	MHW	28.0%	28.4%	28.7%	At 50th
	UHC	24.0%	31.8%	26.2%	At 50th
	WLP	24.4%	17.3%	18.9%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, 12-17 Years	Statewide†	29.3%	30.4%	33.1%	Below 50th
	CCW	30.8%	33.3%	39.2%	At 50th
	CHPW	24.2%	24.6%	25.7%	Below 50th
	MHW	30.1%	30.4%	31.9%	Below 50th
	UHC	26.8%	27.3%	28.2%	Below 50th
	WLP	29.0%	31.6%	34.9%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Cholesterol Testing, Total	Statewide†	28.7%	29.8%	31.4%	Below 50th
	CCW	29.7%	34.1%	36.7%	At 50th
	CHPW	24.7%	22.4%	24.9%	Below 50th
	MHW	29.6%	29.8%	30.9%	Below 50th
	UHC	26.0%	28.6%	27.6%	Below 50th
	WLP	27.7%	27.4%	29.5%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 1-11 Years	Statewide†	25.7%	26.9%	25.4%	Below 50th
	CCW	26.1%	33.9%	28.8%	At 50th
	CHPW	25.3%	13.7%	23.1%	At 50th
	MHW	26.3%	26.9%	25.7%	Below 50th
	UHC	22.7%	30.2%	26.2%	At 50th
	WLP	23.3%	17.3%	17.1%	Below 50th
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, 12-17 Years	Statewide†	28.5%	29.5%	32.2%	Below 50th
	CCW	29.5%	32.7%	38.5%	At 50th
	CHPW	23.9%	22.8%	25.4%	Below 50th
	MHW	29.3%	29.4%	30.8%	Below 50th
	UHC	25.7%	26.1%	28.2%	Below 50th
	WLP	28.1%	31.2%	33.5%	Below 50th

†Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), Blood Glucose and Cholesterol Testing, Total	Statewide†	27.7%	28.7%	30.1%	Below 50th
	CCW	28.4%	33.1%	35.6%	At 50th
	CHPW	24.2%	20.6%	24.7%	Below 50th
	MHW	28.5%	28.7%	29.2%	Below 50th
	UHC	24.8%	27.2%	27.6%	Below 50th
	WLP	26.7%	27.1%	28.0%	Below 50th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, 12-17 Years	Statewide†	0.4%	1.8%	5.1%	Above 50th, Below 75th
	CCW	0.0%	1.2%	6.2%	At 75th
	CHPW	0.0%	0.0%	0.0%	Below 50th
	MHW	0.7%	2.8%	5.7%	Above 50th, Below 75th
	UHC	0.2%	0.1%	0.1%	Below 50th
	WLP	0.0%	1.6%	15.9%	Above 75th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, 18-64 Years	Statewide†	1.3%	2.9%	6.1%	Above 50th, Below 75th
	CCW	0.0%	4.3%	10.8%	Above 75th
	CHPW	0.5%	0.8%	1.3%	Below 50th
	MHW	2.4%	4.2%	7.1%	Above 50th, Below 75th
	UHC	0.9%	1.1%	0.6%	Below 50th
	WLP	0.0%	1.3%	9.6%	At 75th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, 65+ Years	Statewide†	1.7%	4.2%	10.6%	Above 50th, Below 75th
	CCW	0.0%	7.2%	18.1%	At 75th
	CHPW	1.7%	1.8%	7.4%	At 50th
	MHW	3.3%	7.4%	9.8%	Above 50th, Below 75th
	UHC	2.8%	1.5%	1.7%	Below 50th
	WLP	0.0%	3.4%	16.0%	At 75th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Depression Screening, Total	Statewide†	1.1%	2.6%	5.8%	Above 50th, Below 75th
	CCW	0.0%	3.4%	9.5%	Above 75th
	CHPW	0.4%	0.6%	1.0%	Below 50th
	MHW	2.0%	3.8%	6.7%	Above 50th, Below 75th
	UHC	0.8%	0.9%	0.5%	Below 50th
	WLP	0.0%	1.3%	10.9%	Above 75th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Follow-Up on Positive Screen, 12-17 Years	Statewide†	79.8%	70.8%	77.0%	Below 50th
	CCW	***	***	61.9%	Below 50th
	CHPW	***	***	***	NA
	MHW	80.5%	70.8%	80.0%	At 50th
	UHC	***	***	***	NA
	WLP	***	74.6%	69.9%	Below 50th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Follow-Up on Positive Screen, 18-64 Years	Statewide†	74.5%	67.0%	71.8%	Above 50th, Below 75th
	CCW	***	47.4%	55.3%	Below 50th
	CHPW	54.9%	45.4%	50.5%	Below 50th
	MHW	79.9%	70.8%	74.6%	Above 50th, Below 75th
	UHC	42.7%	52.1%	45.8%	Below 50th
	WLP	***	65.0%	72.4%	Above 50th, Below 75th
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E), Follow-Up on Positive Screen, Total	Statewide†	75.1%	67.6%	72.8%	Above 50th, Below 75th
	CCW	***	47.4%	56.6%	Below 50th
	CHPW	54.6%	45.5%	49.5%	Below 50th
	MHW	79.9%	70.8%	75.8%	Above 50th, Below 75th
	UHC	43.8%	52.8%	46.9%	Below 50th
	WLP	***	67.1%	71.9%	At 50th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, 12-17 Years	Statewide†	0.8%	4.0%	11.2%	Above 75th
	CCW	0.0%	0.1%	5.3%	At 75th
	CHPW	0.1%	0.0%	0.1%	Below 50th
	MHW	1.5%	6.4%	16.0%	Above 75th
	UHC	0.0%	0.4%	0.0%	Below 50th
	WLP	0.0%	5.2%	21.2%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, 18-44 Years	Statewide†	1.9%	8.1%	12.9%	Above 75th
	CCW	0.0%	4.9%	7.7%	Above 50th, Below 75th
	CHPW	1.1%	0.9%	1.2%	Below 50th
	MHW	3.2%	12.8%	18.8%	Above 75th
	UHC	1.2%	1.4%	0.6%	Below 50th
	WLP	0.0%	4.9%	19.0%	Above 75th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, 45-64 Years	Statewide†	3.0%	11.8%	14.2%	At 75th
	CCW	0.0%	6.5%	10.2%	Above 50th, Below 75th
	CHPW	4.1%	4.4%	4.6%	At 50th
	MHW	4.1%	20.0%	21.5%	Above 75th
	UHC	3.1%	2.6%	1.8%	Below 50th
	WLP	0.0%	4.5%	17.4%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, 65+ Years	Statewide†	5.2%	2.3%	11.8%	At 75th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	6.3%	***	***	NA
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 1, Total	Statewide†	2.0%	8.2%	12.9%	Above 75th
	CCW	0.0%	4.0%	7.7%	Above 50th, Below 75th
	CHPW	1.8%	1.8%	2.1%	Below 50th
	MHW	3.1%	13.2%	18.9%	Above 75th
	UHC	1.7%	1.7%	0.9%	Below 50th
	WLP	0.0%	4.8%	18.8%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, 12-17 Years	Statewide†	1.4%	3.2%	10.4%	Above 75th
	CCW	0.0%	0.3%	4.3%	At 75th
	CHPW	0.0%	0.0%	0.0%	Below 50th
	MHW	2.5%	5.5%	15.7%	Above 75th
	UHC	0.0%	0.0%	0.0%	Below 50th
	WLP	0.0%	1.2%	15.0%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, 18-44 Years	Statewide†	4.1%	7.3%	13.5%	Above 75th
	CCW	0.0%	8.2%	15.8%	Above 75th
	CHPW	1.0%	1.1%	1.8%	Below 50th
	MHW	7.1%	11.4%	19.3%	Above 75th
	UHC	1.1%	0.8%	0.1%	Below 50th
	WLP	0.0%	1.6%	13.1%	Above 75th

†Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, 45-64 Years	Statewide†	5.4%	9.9%	16.0%	At 75th
	CCW	0.0%	15.4%	22.3%	Above 75th
	CHPW	4.6%	4.3%	6.7%	At 50th
	MHW	9.1%	14.8%	23.3%	Above 75th
	UHC	2.9%	2.7%	0.8%	Below 50th
	WLP	0.0%	1.9%	12.9%	Above 50th, Below 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, 65+ Years	Statewide†	9.8%	8.2%	20.4%	At 75th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	17.7%	***	12.5%	At 50th
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 2, Total	Statewide†	3.9%	7.2%	13.7%	Above 75th
	CCW	0.0%	8.1%	14.9%	Above 75th
	CHPW	1.9%	1.9%	3.0%	Below 50th
	MHW	6.7%	11.0%	19.6%	Above 75th
	UHC	1.6%	1.3%	0.3%	Below 50th
	WLP	0.0%	1.6%	13.3%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, 12-17 Years	Statewide†	1.5%	3.4%	10.7%	Above 75th
	CCW	0.0%	0.2%	5.9%	At 75th
	CHPW	0.0%	0.1%	0.2%	Below 50th
	MHW	2.6%	5.9%	15.3%	Above 75th
	UHC	0.2%	0.0%	0.0%	Below 50th
	WLP	0.0%	1.1%	16.2%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, 18-44 Years	Statewide†	5.5%	6.1%	12.8%	Above 75th
	CCW	0.0%	3.2%	10.5%	At 75th
	CHPW	1.6%	1.4%	2.6%	Below 50th
	MHW	9.3%	10.3%	18.9%	Above 75th
	UHC	1.4%	1.0%	0.2%	Below 50th
	WLP	0.0%	1.6%	12.2%	Above 75th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, 45-64 Years	Statewide†	7.2%	8.1%	15.7%	Above 75th
	CCW	0.0%	5.4%	16.6%	Above 75th
	CHPW	4.7%	5.0%	9.7%	Above 50th, Below 75th
	MHW	11.8%	13.3%	22.9%	Above 75th
	UHC	4.9%	2.4%	0.6%	Below 50th
	WLP	0.0%	1.9%	12.0%	At 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, 65+ Years	Statewide†	4.5%	2.2%	13.3%	At 75th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	12.1%	***	***	NA
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Assessment Period 3, Total	Statewide†	5.2%	6.1%	13.2%	Above 75th
	CCW	0.0%	3.0%	11.1%	At 75th
	CHPW	2.2%	2.2%	4.4%	Above 50th, Below 75th
	MHW	8.6%	10.1%	19.2%	Above 75th
	UHC	2.4%	1.3%	0.3%	Below 50th
	WLP	0.0%	1.6%	12.8%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total, 12-17 Years	Statewide†	1.2%	3.5%	10.8%	Above 75th
	CCW	0.0%	0.2%	5.2%	Above 50th, Below 75th
	CHPW	0.0%	0.0%	0.1%	Below 50th
	MHW	2.2%	6.0%	15.7%	Above 75th
	UHC	0.1%	0.1%	0.0%	Below 50th
	WLP	0.0%	2.6%	17.6%	Above 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total, 18-44 Years	Statewide†	3.8%	7.2%	13.1%	Above 75th
	CCW	0.0%	5.5%	11.4%	Above 75th
	CHPW	1.2%	1.1%	1.9%	Below 50th
	MHW	6.5%	11.5%	19.0%	Above 75th
	UHC	1.3%	1.0%	0.3%	Below 50th
	WLP	0.0%	2.7%	14.8%	Above 75th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total, 45-64 Years	Statewide†	5.1%	10.0%	15.3%	Above 75th
	CCW	0.0%	9.2%	16.4%	Above 75th
	CHPW	4.4%	4.6%	7.0%	Above 50th, Below 75th
	MHW	8.4%	16.2%	22.5%	Above 75th
	UHC	3.6%	2.6%	1.1%	Below 50th
	WLP	0.0%	2.8%	14.2%	At 75th
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total, 65+ Years	Statewide†	6.3%	4.2%	15.5%	At 75th
	CCW	0.0%	4.1%	38.0%	Above 75th
	CHPW	6.8%	3.9%	10.8%	At 75th
	MHW	12.1%	8.6%	12.5%	At 75th
	UHC	1.9%	0.0%	5.0%	At 50th
	WLP	***	***	***	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E), Total	Statewide†	3.7%	7.2%	13.3%	Above 75th
	CCW	0.0%	5.1%	11.3%	At 75th
	CHPW	1.9%	1.9%	3.2%	Below 50th
	MHW	6.1%	11.5%	19.3%	Above 75th
	UHC	1.9%	1.4%	0.5%	Below 50th
	WLP	0.0%	2.7%	15.0%	Above 75th
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, 12-17 Years	Statewide†		39.4%	40.0%	At 75th
	CCW		***	41.7%	At 50th
	CHPW		***	***	NA
	MHW		43.0%	40.7%	At 75th
	UHC		***	***	NA
	WLP		22.8%	32.4%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, 18-44 Years	Statewide†		37.6%	45.3%	Above 75th
	CCW		***	40.3%	At 75th
	CHPW		***	***	NA
	MHW		41.3%	45.8%	Above 75th
	UHC		***	***	NA
	WLP		18.7%	43.9%	At 75th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, 45-64 Years	Statewide†		44.7%	48.7%	At 75th
	CCW		***	32.0%	At 50th
	CHPW		51.6%	51.9%	At 75th
	MHW		45.1%	52.7%	Above 75th
	UHC		68.9%	***	NA
	WLP		31.9%	37.5%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Follow-Up on PHQ-9, Total	Statewide†		40.1%	45.2%	Above 75th
	CCW		23.6%	37.7%	At 75th
	CHPW		50.6%	53.0%	Above 75th
	MHW		42.7%	46.5%	Above 75th
	UHC		62.5%	22.6%	At 50th
	WLP		22.9%	39.9%	At 75th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, 12-17 Years	Statewide†		4.5%	4.2%	Below 50th
	CCW		***	0.0%	Below 50th
	CHPW		***	***	NA
	MHW		5.2%	4.3%	Below 50th
	UHC		***	***	NA
	WLP		1.3%	6.3%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, 18-44 Years	Statewide†		3.7%	5.4%	At 50th
	CCW		***	8.1%	At 50th
	CHPW		***	***	NA
	MHW		4.2%	4.9%	Below 50th
	UHC		***	***	NA
	WLP		2.0%	7.4%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, 45-64 Years	Statewide†		5.0%	5.6%	Below 50th
	CCW		***	6.4%	At 50th
	CHPW		3.2%	5.6%	At 50th
	MHW		5.3%	5.5%	Below 50th
	UHC		6.7%	***	NA
	WLP		3.4%	6.6%	At 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Remission, Total	Statewide†		4.2%	5.2%	Below 50th
	CCW		3.6%	5.5%	At 50th
	CHPW		2.4%	6.0%	At 50th
	MHW		4.7%	4.9%	Below 50th
	UHC		4.2%	6.5%	At 50th
	WLP		2.2%	6.9%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, 12-17 Years	Statewide†		9.7%	10.4%	At 50th
	CCW		***	2.4%	Below 50th
	CHPW		***	***	NA
	MHW		11.3%	11.2%	At 50th
	UHC		***	***	NA
	WLP		2.5%	9.0%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, 18-44 Years	Statewide†		8.2%	11.4%	At 50th
	CCW		***	13.4%	At 50th
	CHPW		***	***	NA
	MHW		9.4%	11.0%	At 50th
	UHC		***	***	NA
	WLP		3.6%	13.3%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, 45-64 Years	Statewide†		11.5%	11.9%	At 50th
	CCW		***	7.2%	At 50th
	CHPW		4.8%	14.8%	At 50th
	MHW		12.9%	12.7%	At 50th
	UHC		11.1%	***	NA
	WLP		7.6%	10.5%	At 50th
Depression Remission or Response for Adolescents and Adults (DRR-E), Depression Response, Total	Statewide†		9.5%	11.3%	At 50th
	CCW		3.6%	8.6%	At 50th
	CHPW		3.6%	13.3%	At 50th
	MHW		10.7%	11.5%	At 50th
	UHC		9.7%	6.5%	At 50th
	WLP		4.5%	11.7%	At 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, 18-44 Years	Statewide†	0.0% ↓	0.6% ↑	0.6% ↓	Above 50th, Below 75th
	CCW	0.0%	5.6% ↑	3.6% ↓	Above 75th
	CHPW	0.0% ↓	0.1% ↑	0.4% ↑	Above 50th, Below 75th
	MHW	0.0%	0.0%	0.0% ↑	Below 50th
	UHC	0.0%	0.0%	0.2% ↑	Above 50th, Below 75th
	WLP	0.0%	0.0%	0.4% ↑	Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, 45-64 Years	Statewide†	0.0% ↓	0.9% ↑	0.9%	Above 50th, Below 75th
	CCW	0.0%	8.0% ↑	6.2% ↓	Above 75th
	CHPW	0.0% ↓	0.1% ↑	1.0% ↑	Above 50th, Below 75th
	MHW	0.0%	0.0%	0.0% ↑	Below 50th
	UHC	0.0%	0.0%	0.2% ↑	Above 50th, Below 75th
	WLP	0.0%	0.0%	0.4% ↑	Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, 65+ Years	Statewide†	0.0%	2.7% ↑	3.5%	At 75th
	CCW	0.0%	12.3% ↑	9.6%	Above 75th
	CHPW	0.0%	0.5%	4.6% ↑	At 75th
	MHW	0.0%	0.0%	0.0%	At 50th
	UHC	0.0%	0.0%	0.2%	At 50th
	WLP	0.0%	0.0%	1.4%	Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, Total	Statewide†	0.0% ↓	0.7% ↑	0.7%	Above 50th, Below 75th
	CCW	0.0%	6.3% ↑	4.4% ↓	Above 75th
	CHPW	0.0% ↓	0.1% ↑	0.6% ↑	Above 50th, Below 75th
	MHW	0.0%	0.0%	0.0% ↑	Below 50th
	UHC	0.0%	0.0%	0.2% ↑	Above 50th, Below 75th
	WLP	0.0%	0.0%	0.4% ↑	Above 50th, Below 75th
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Follow-Up on Positive Screen, 18-44 Years	Statewide†	***	1.0%	1.6%	At 50th
	CCW	***	1.0%	1.3%	At 50th
	CHPW	***	***	***	NA
	MHW	***	***	***	NA
	UHC	***	***	***	NA
	WLP	***	***	***	NA

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Follow-Up on Positive Screen, 45-64 Years	Statewide†	***	0.0%	1.7%	At 50th
	CCW	***	0.0%	2.9%	At 75th
	CHPW	***	***	***	NA
	MHW	***	***	***	NA
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E), Follow-Up on Positive Screen, Total	Statewide†	***	0.6%	1.6%	At 50th
	CCW	***	0.6%	2.1%	At 50th
	CHPW	***	***	***	NA
	MHW	***	***	***	NA
	UHC	***	***	***	NA
	WLP	***	***	2.2%	At 50th
Prenatal Depression Screening and Follow-Up (PND-E), Depression Screening	Statewide†	1.7%	7.8%	12.4%	Above 50th, Below 75th
	CCW	0.0%	30.4%	41.8%	Above 75th
	CHPW	0.3%	0.5%	0.5%	Below 50th
	MHW	1.6%	5.0%	9.1%	At 50th
	UHC	8.8%	10.5%	9.1%	At 50th
	WLP	0.0%	4.1%	16.8%	Above 50th, Below 75th
Prenatal Depression Screening and Follow-Up (PND-E), Follow-Up on Positive Screen	Statewide†	66.7%	55.8%	53.4%	At 50th
	CCW	***	36.5%	41.9%	Below 50th
	CHPW	***	***	***	NA
	MHW	70.3%	63.6%	56.9%	At 50th
	UHC	***	***	***	NA
	WLP	***	***	43.2%	At 50th
Postpartum Depression Screening and Follow-Up (PDS-E), Depression Screening	Statewide†	0.6%	2.2%	4.4%	Below 50th
	CCW	0.0%	3.8%	6.1%	At 50th
	CHPW	0.1%	0.2%	0.4%	Below 50th
	MHW	1.0%	2.8%	4.3%	Below 50th
	UHC	0.2%	1.3%	2.3%	Below 50th
	WLP	0.0%	1.3%	11.2%	Above 50th, Below 75th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Postpartum Depression Screening and Follow-Up (PDS-E), Follow-Up on Positive Screen	Statewide†	***	65.6%	74.1%	At 50th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	***	68.9%	76.7%	At 75th
	UHC	***	***	***	NA
	WLP	***	***	71.4%	At 50th
Substance Use Disorder Treatment Rate (SUD), 12-64 Years	Statewide†	36.2% ↓	37.8% ↑	39.4% ↑	Above RDA Benchmark
	CCW	35.4%	38.1% ↑	38.7%	At RDA Benchmark
	CHPW	35.0% ↓	35.6%	38.1% ↑	At RDA Benchmark
	MHW	36.4% ↓	38.0% ↑	39.5% ↑	Above RDA Benchmark
	UHC	37.4%	38.9% ↑	41.1% ↑	Above RDA Benchmark
	WLP	36.4%	38.0% ↑	39.5% ↑	Above RDA Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-17 Years	Statewide†	28.1% ↑	26.2%	22.7% ↓	Below RDA Benchmark
	CCW	28.0%	29.2%	22.7% ↓	Below RDA Benchmark
	CHPW	23.9% ↑	19.7%	17.3%	Below RDA Benchmark
	MHW	28.3% ↑	26.5%	24.1%	Below RDA Benchmark
	UHC	32.4%	29.0%	22.9%	Below RDA Benchmark
	WLP	29.3%	25.3%	23.5%	Below RDA Benchmark
Substance Use Disorder Treatment Rate (SUD), 12-26 Years	Statewide†	25.1%	25.3%	24.5%	Below RDA Benchmark
	CCW	27.6%	27.6%	25.5%	Below RDA Benchmark
	CHPW	23.8% ↓	24.0%	23.1%	Below RDA Benchmark
	MHW	24.1%	24.3%	23.8%	Below RDA Benchmark
	UHC	27.0%	27.8%	27.3%	At RDA Benchmark
	WLP	26.4%	26.8%	26.5%	At RDA Benchmark
Substance Use Disorder Treatment Rate (SUD), 18-64 Years	Statewide†	36.6% ↓	38.4% ↑	40.3% ↑	Above RDA Benchmark
	CCW	35.9%	38.8% ↑	40.0%	Above RDA Benchmark
	CHPW	35.4% ↓	36.3%	39.2% ↑	At RDA Benchmark
	MHW	36.7% ↓	38.6% ↑	40.4% ↑	Above RDA Benchmark
	UHC	37.5% ↓	39.2% ↑	41.6% ↑	Above RDA Benchmark
	WLP	36.6%	38.3% ↑	39.9% ↑	Above RDA Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Behavioral Health

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Mental Health Treatment Rate (MH-B), 6-64 Years	Statewide†	53.8%	56.9%	58.2%	Above RDA Benchmark
	CCW	54.4%	57.9%	60.3%	Above RDA Benchmark
	CHPW	52.8%	55.9%	57.2%	Below RDA Benchmark
	MHW	55.6%	58.1%	58.7%	Above RDA Benchmark
	UHC	48.6%	53.5%	56.1%	Below RDA Benchmark
	WLP	50.9%	54.6%	56.5%	Below RDA Benchmark
Mental Health Treatment Rate (MH-B), 6-17 Years	Statewide†	67.1%	68.5%	66.9%	Below RDA Benchmark
	CCW	69.3%	69.8%	71.3%	Above RDA Benchmark
	CHPW	62.7%	64.1%	63.9%	Below RDA Benchmark
	MHW	68.3%	69.6%	66.1%	Below RDA Benchmark
	UHC	62.8%	67.0%	69.2%	At RDA Benchmark
	WLP	64.0%	66.1%	66.5%	Below RDA Benchmark
Mental Health Treatment Rate (MH-B), 6-26 Years	Statewide†	61.8%	64.6%	64.2%	Below RDA Benchmark
	CCW	63.6%	65.8%	67.7%	Above RDA Benchmark
	CHPW	58.6%	61.4%	61.7%	Below RDA Benchmark
	MHW	63.0%	65.4%	63.8%	Below RDA Benchmark
	UHC	58.4%	63.0%	65.3%	At RDA Benchmark
	WLP	59.0%	62.6%	63.9%	Below RDA Benchmark
Mental Health Treatment Rate (MH-B), 18-64 Years	Statewide†	49.0%	51.9%	54.2%	Above RDA Benchmark
	CCW	46.8%	51.1%	53.4%	Above RDA Benchmark
	CHPW	49.7%	52.8%	54.6%	Above RDA Benchmark
	MHW	50.4%	52.5%	54.8%	Above RDA Benchmark
	UHC	45.3%	49.8%	52.2%	At RDA Benchmark
	WLP	48.0%	51.5%	53.6%	Above RDA Benchmark

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Overuse/Appropriateness

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Appropriate Treatment for Upper Respiratory Infection (URI), 3 Months-17 Years	Statewide†	96.7%	95.5%	95.6%	Above 75th
	CCW	96.7%	95.7%	96.0%	Above 75th
	CHPW	97.0%	96.1%	96.1%	Above 75th
	MHW	96.8%	95.6%	95.6%	Above 75th
	UHC	96.6%	94.6%	94.6%	At 75th
	WLP	96.3%	95.3%	95.4%	Above 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 18-64 Years	Statewide†	93.3%	91.2%	91.0%	Above 75th
	CCW	94.1%	91.9%	92.2%	Above 75th
	CHPW	94.3%	92.0%	92.5%	Above 75th
	MHW	93.1%	91.0%	90.9%	Above 75th
	UHC	92.5%	89.7%	89.1%	Above 75th
	WLP	93.2%	91.8%	90.3%	Above 75th
Appropriate Treatment for Upper Respiratory Infection (URI), 65+ Years	Statewide†	91.5%	89.3%	86.1%	At 75th
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	***	90.6%	***	NA
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Appropriate Treatment for Upper Respiratory Infection (URI), Total	Statewide†	95.8%	94.5%	94.5%	Above 75th
	CCW	96.1%	94.9%	95.2%	Above 75th
	CHPW	96.3%	95.1%	95.2%	Above 75th
	MHW	95.9%	94.5%	94.5%	Above 75th
	UHC	95.4%	93.3%	93.0%	Above 75th
	WLP	95.3%	94.3%	94.0%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 3 Months-17 Years	Statewide†	82.4%	80.4%	78.9%	Above 50th, Below 75th
	CCW	88.3%	85.1%	85.3%	Above 75th
	CHPW	86.3%	85.4%	82.2%	Above 75th
	MHW	80.0%	77.3%	75.6%	Above 50th, Below 75th
	UHC	81.9%	82.1%	78.7%	At 75th
	WLP	82.6%	82.7%	82.7%	Above 75th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Overuse/Appropriateness

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 18-64 Years	Statewide†	57.7%	55.4%	55.2%	Above 75th
	CCW	60.4%	58.0%	53.5%	At 75th
	CHPW	58.7%	59.5%	56.9%	Above 75th
	MHW	56.6%	52.9%	53.4%	Above 75th
	UHC	56.4%	57.3%	55.8%	Above 75th
	WLP	60.4%	57.7%	61.5%	Above 75th
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), Total	Statewide†	74.8%	72.9%	71.1%	Above 75th
	CCW	81.6%	78.0%	75.7%	Above 75th
	CHPW	77.4%	77.8%	73.9%	Above 75th
	MHW	73.0%	70.2%	68.6%	At 75th
	UHC	71.8%	73.2%	69.2%	At 75th
	WLP	75.1%	74.4%	75.4%	Above 75th
Use of Imaging Studies for Low Back Pain (LBP), 18-64 Years	Statewide†	73.7%	71.5%	71.0%	Above 50th, Below 75th
	CCW	74.2%	71.5%	72.9%	At 75th
	CHPW	76.7%	73.2%	75.4%	At 75th
	MHW	73.2%	70.5%	69.1%	Below 50th
	UHC	72.4%	72.7%	72.2%	Above 50th, Below 75th
	WLP	73.4%	71.7%	69.7%	At 50th
Use of Imaging Studies for Low Back Pain (LBP), 65-75 Years	Statewide†	68.1%	64.4%	66.9%	At 50th
	CCW	***	***	***	NA
	CHPW	77.4%	60.8%	66.7%	At 50th
	MHW	66.7%	65.6%	65.6%	At 50th
	UHC	***	60.0%	***	NA
	WLP	60.6%	68.8%	***	NA
Use of Imaging Studies for Low Back Pain (LBP), Total	Statewide†	73.7%	71.4%	71.0%	Above 50th, Below 75th
	CCW	74.3%	71.5%	72.9%	At 75th
	CHPW	76.7%	73.0%	75.3%	At 75th
	MHW	73.2%	70.5%	69.1%	Below 50th
	UHC	72.3%	72.5%	72.2%	Above 50th, Below 75th
	WLP	73.2%	71.7%	69.6%	At 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Overuse/Appropriateness

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Use of Opioids at High Dosage (HDO) (↓)	Statewide†	5.1%	4.9%	4.6%	Below 50th
	CCW	4.9%	4.6%	4.7%	At 50th
	CHPW	4.7%	3.9%	2.8%	Above 50th, Below 75th
	MHW	4.5%	4.4%	4.2%	At 50th
	UHC	8.0%	7.9%	8.5%	Below 50th
	WLP	4.6%	4.1%	3.5%	At 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers (↓)	Statewide†	21.6%	22.5%	24.7%	Below 50th
	CCW	18.0%	20.6%	21.8%	Below 50th
	CHPW	20.7%	23.1%	25.2%	Below 50th
	MHW	22.9%	23.5%	26.2%	Below 50th
	UHC	22.3%	21.3%	23.2%	Below 50th
	WLP	19.6%	20.7%	22.1%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Pharmacies (↓)	Statewide†	2.6%	3.7%	3.5%	Below 50th
	CCW	2.0%	3.7%	3.4%	Below 50th
	CHPW	2.4%	3.1%	2.8%	At 50th
	MHW	3.0%	3.6%	3.6%	Below 50th
	UHC	2.8%	4.9%	4.2%	Below 50th
	WLP	1.8%	2.8%	3.0%	Below 50th
Use of Opioids from Multiple Providers (UOP), Multiple Prescribers and Multiple Pharmacies (↓)	Statewide†	1.9%	2.2%	2.5%	Below 50th
	CCW	1.1%	2.3%	2.6%	Below 50th
	CHPW	1.8%	2.2%	2.4%	Below 50th
	MHW	2.2%	2.2%	2.6%	Below 50th
	UHC	1.8%	2.7%	2.8%	Below 50th
	WLP	1.1%	1.8%	2.0%	Below 50th
Risk of Continued Opioid Use (COU), At least 15 days, 18-64 Years (↓)	Statewide†	5.6%	5.3%	5.3%	Above 50th, Below 75th
	CCW	6.2%	5.4%	5.2%	Above 50th, Below 75th
	CHPW	5.3%	5.3%	5.4%	Above 50th, Below 75th
	MHW	5.3%	4.9%	5.0%	Above 50th, Below 75th
	UHC	6.4%	6.0%	6.5%	At 50th
	WLP	6.0%	5.7%	5.5%	At 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Overuse/Appropriateness

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Risk of Continued Opioid Use (COU), At least 15 days, 65+ Years (↓)	Statewide†	10.4%	7.3%	8.3%	At 75th
	CCW	9.7%	6.9%	5.9%	At 50th
	CHPW	5.7%	7.0%	12.7%	At 50th
	MHW	10.9%	10.5%	3.6%	At 75th
	UHC	17.7%	8.9%	9.5%	At 50th
	WLP	8.1%	3.3%	10.5%	At 50th
Risk of Continued Opioid Use (COU), At least 15 days, Total (↓)	Statewide†	5.6%	5.3%	5.3%	Above 50th, Below 75th
	CCW	6.2%	5.4%	5.2%	Above 50th, Below 75th
	CHPW	5.3%	5.3%	5.4%	Above 50th, Below 75th
	MHW	5.3%	4.9%	5.0%	Above 50th, Below 75th
	UHC	6.4%	6.0%	6.5%	At 50th
	WLP	6.0%	5.7%	5.6%	Above 50th, Below 75th
Risk of Continued Opioid Use (COU), At least 31 days, 18-64 Years (↓)	Statewide†	2.2%	2.2%	2.3%	Above 75th
	CCW	2.1%	2.1%	2.1%	At 75th
	CHPW	2.2%	1.9%	2.1%	Above 75th
	MHW	2.0%	2.1%	2.2%	Above 75th
	UHC	2.8%	2.6%	2.9%	Above 50th, Below 75th
	WLP	2.7%	2.4%	2.5%	At 75th
Risk of Continued Opioid Use (COU), At least 31 days, 65+ Years (↓)	Statewide†	4.7%	3.1%	1.2%	Above 75th
	CCW	0.0%	3.5%	0.0%	At 75th
	CHPW	2.9%	3.5%	3.6%	At 50th
	MHW	7.3%	3.0%	0.0%	At 75th
	UHC	5.9%	6.7%	2.4%	At 50th
	WLP	5.4%	0.0%	0.0%	At 50th
Risk of Continued Opioid Use (COU), At least 31 days, Total (↓)	Statewide†	2.2%	2.2%	2.3%	Above 75th
	CCW	2.1%	2.1%	2.1%	Above 75th
	CHPW	2.2%	1.9%	2.1%	Above 75th
	MHW	2.0%	2.1%	2.2%	Above 75th
	UHC	2.8%	2.6%	2.9%	Above 50th, Below 75th
	WLP	2.7%	2.4%	2.5%	At 75th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Overuse/Appropriateness

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Low-Risk Cesarean Delivery (LRCD), Total (note that a lower Statewide† score is better for this measure.)		22.5%	23.5%	24.0%	No Benchmark
	CCW	22.3%	21.8%	23.5%	No Benchmark
	CHPW	21.9%	22.3%	22.7%	No Benchmark
	MHW	22.0%	23.1%	23.8%	No Benchmark
	UHC	26.5%	26.5%	27.7%	No Benchmark
	WLP	21.8%	25.8%	23.1%	No Benchmark

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 Years	Statewide†	65.5%	68.0%	69.8%	Below 50th
	CCW	63.5%	66.3%	68.4%	Below 50th
	CHPW	61.5%	65.9%	68.5%	Below 50th
	MHW	69.2%	71.0%	72.6%	Below 50th
	UHC	63.8%	66.0%	68.1%	Below 50th
	WLP	60.4%	62.6%	63.3%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 Years	Statewide†	74.6%	75.9%	76.7%	Below 50th
	CCW	73.3%	74.4%	75.4%	Below 50th
	CHPW	73.1%	76.1%	76.4%	Below 50th
	MHW	77.3%	78.2%	79.0%	Below 50th
	UHC	74.3%	75.1%	76.3%	Below 50th
	WLP	69.9%	70.7%	71.0%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), 65+ Years	Statewide†	69.4%	82.3%	84.6%	At 50th
	CCW	70.1%	80.5%	83.3%	At 50th
	CHPW	70.8%	81.0%	83.8%	At 50th
	MHW	71.6%	86.8%	90.2%	At 75th
	UHC	67.6%	82.1%	84.5%	At 50th
	WLP	65.4%	80.0%	78.1%	Below 50th
Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	Statewide†	68.4%	70.7%	72.3%	Below 50th
	CCW	66.5%	69.0%	70.8%	Below 50th
	CHPW	65.3%	69.5%	71.4%	Below 50th
	MHW	71.6%	73.3%	74.8%	Below 50th
	UHC	67.8%	69.7%	71.5%	Below 50th
	WLP	63.6%	65.6%	66.2%	Below 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	35.9%	33.6%	30.0%	Below 50th
	CCW	34.3%	37.6%	33.1%	At 50th
	CHPW	30.3%	24.8%	30.7%	At 50th
	MHW	39.5%	33.9%	29.8%	Below 50th
	UHC	20.0%	32.9%	22.7%	Below 50th
	WLP	33.8%	38.5%	30.0%	At 50th

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	10.9%	9.0%	8.4%	At 50th
	CCW	11.7%	10.7%	9.5%	At 50th
	CHPW	12.4%	7.5%	7.9%	At 50th
	MHW	11.2%	8.7%	8.5%	At 50th
	UHC	2.2%	5.7%	5.3%	At 50th
	WLP	11.3%	12.8%	10.0%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	55.6%	56.5%	58.2%	At 50th
	CCW	46.0%	***	***	NA
	CHPW	***	***	***	NA
	MHW	56.3%	55.1%	62.0%	At 50th
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	26.4%	28.8%	24.5%	At 50th
	CCW	24.3%	***	***	NA
	CHPW	***	***	***	NA
	MHW	25.4%	29.2%	24.0%	At 50th
	UHC	***	***	***	NA
	WLP	***	***	***	NA
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 13-17 Years	Statewide†	38.9%	38.4%	41.4%	At 50th
	CCW	40.1%	39.7%	39.2%	At 50th
	CHPW	31.2%	30.3%	36.6%	Below 50th
	MHW	39.6%	39.1%	44.5%	At 50th
	UHC	35.4%	34.9%	35.3%	At 50th
	WLP	45.9%	45.0%	39.8%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 13-17 Years	Statewide†	12.6%	11.1%	10.6%	Below 50th
	CCW	15.6%	12.3%	10.5%	At 50th
	CHPW	12.2%	11.0%	9.7%	At 50th
	MHW	12.3%	10.4%	11.5%	At 50th
	UHC	6.9%	9.6%	3.0%	Below 50th
	WLP	14.2%	14.8%	12.4%	At 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 13-17 years	Statewide†	38.9%	37.9%	38.3%	Below 50th
	CCW	39.0%	39.6%	38.3%	At 50th
	CHPW	31.9%	29.6%	35.5%	Below 50th
	MHW	40.3%	38.4%	40.4%	At 50th
	UHC	33.3%	35.6%	30.1%	Below 50th
	WLP	43.8%	45.3%	37.1%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 13-17 years	Statewide†	12.8%	11.4%	10.3%	At 50th
	CCW	15.2%	12.3%	11.3%	At 50th
	CHPW	12.7%	10.4%	9.4%	At 50th
	MHW	12.6%	10.8%	10.9%	At 50th
	UHC	7.1%	10.1%	3.7%	Below 50th
	WLP	14.3%	15.6%	12.0%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	41.2%	40.6%	42.6%	At 50th
	CCW	37.8%	35.7%	42.3%	At 50th
	CHPW	34.6%	34.0%	37.1%	Below 50th
	MHW	43.2%	43.4%	44.8%	Above 50th, Below 75th
	UHC	38.6%	39.6%	43.1%	At 50th
	WLP	44.8%	42.3%	42.0%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	10.8%	11.2%	13.0%	At 50th
	CCW	9.3%	8.6%	13.9%	At 50th
	CHPW	9.8%	10.7%	12.6%	At 50th
	MHW	11.5%	12.4%	13.6%	At 50th
	UHC	9.3%	9.2%	12.1%	At 50th
	WLP	11.7%	11.7%	11.9%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	66.9%	64.7%	68.3%	Above 50th, Below 75th
	CCW	63.7%	61.2%	70.8%	At 75th
	CHPW	62.1%	61.8%	63.7%	At 50th
	MHW	68.9%	66.8%	69.4%	At 75th
	UHC	65.5%	61.9%	65.1%	Above 50th, Below 75th
	WLP	67.5%	65.2%	70.6%	At 75th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	34.1%	31.7%	37.9%	Above 50th, Below 75th
	CCW	33.5%	29.1%	38.2%	Above 50th, Below 75th
	CHPW	31.6%	30.7%	36.2%	At 50th
	MHW	34.4%	33.2%	38.4%	Above 50th, Below 75th
	UHC	34.9%	31.8%	38.6%	Above 50th, Below 75th
	WLP	35.1%	29.6%	37.1%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, 18-64 Years	Statewide†	42.7%	42.9%	45.2%	Above 50th, Below 75th
	CCW	39.5%	37.5%	44.6%	Above 50th, Below 75th
	CHPW	34.5%	36.5%	36.5%	Below 50th
	MHW	45.0%	45.5%	47.8%	At 75th
	UHC	41.8%	45.3%	47.5%	At 75th
	WLP	45.1%	42.9%	44.5%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, 18-64 Years	Statewide†	9.5%	9.6%	12.2%	Above 50th, Below 75th
	CCW	8.4%	7.9%	11.8%	At 50th
	CHPW	7.0%	7.9%	9.1%	Below 50th
	MHW	10.5%	10.7%	13.8%	Above 50th, Below 75th
	UHC	8.4%	10.1%	14.7%	Above 50th, Below 75th
	WLP	9.8%	8.5%	8.7%	Below 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, 18-64 Years	Statewide†	47.6%	47.1%	50.3%	Above 50th, Below 75th
	CCW	44.2%	42.1%	50.1%	At 75th
	CHPW	40.5%	40.5%	42.7%	Below 50th
	MHW	49.9%	49.7%	52.5%	Above 75th
	UHC	46.6%	47.7%	51.4%	At 75th
	WLP	49.7%	47.6%	50.1%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, 18-64 Years	Statewide†	15.5%	15.1%	18.9%	Above 50th, Below 75th
	CCW	14.2%	12.7%	18.7%	Above 50th, Below 75th
	CHPW	13.3%	13.3%	16.2%	At 50th
	MHW	16.3%	16.4%	20.1%	At 75th
	UHC	15.3%	15.3%	20.9%	At 75th
	WLP	15.8%	14.2%	16.5%	At 50th

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Initiation of SUD Treatment, Total	Statewide†	40.9%	40.2%	41.9%	Below 50th
	CCW	37.6%	35.8%	41.5%	At 50th
	CHPW	34.4%	33.5%	36.7%	Below 50th
	MHW	43.1%	42.8%	43.8%	At 50th
	UHC	38.1%	39.5%	42.3%	At 50th
	WLP	44.5%	42.2%	41.5%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Alcohol Use Disorder, Engagement of SUD Treatment, Total	Statewide†	10.8%	11.1%	12.7%	At 50th
	CCW	9.5%	8.8%	13.4%	At 50th
	CHPW	9.9%	10.5%	12.4%	At 50th
	MHW	11.4%	12.1%	13.2%	At 50th
	UHC	9.1%	9.1%	11.8%	At 50th
	WLP	11.6%	11.7%	11.8%	At 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Initiation of SUD Treatment, Total	Statewide†	66.7%	64.6%	68.2%	At 75th
	CCW	63.1%	61.0%	70.6%	At 75th
	CHPW	62.0%	61.5%	63.7%	Above 50th, Below 75th
	MHW	68.7%	66.6%	69.3%	At 75th
	UHC	65.5%	61.9%	64.9%	Above 50th, Below 75th
	WLP	67.6%	65.3%	70.5%	At 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Opioid Use Disorder, Engagement of SUD Treatment, Total	Statewide†	34.0%	31.6%	37.8%	Above 50th, Below 75th
	CCW	33.2%	28.9%	38.2%	Above 50th, Below 75th
	CHPW	31.5%	30.5%	36.1%	Above 50th, Below 75th
	MHW	34.3%	33.1%	38.3%	Above 50th, Below 75th
	UHC	34.8%	31.9%	38.4%	Above 50th, Below 75th
	WLP	35.1%	29.6%	36.9%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Initiation of SUD Treatment, Total	Statewide†	42.4%	42.5%	44.9%	Above 50th, Below 75th
	CCW	39.5%	37.8%	44.0%	At 50th
	CHPW	34.3%	36.1%	36.5%	Below 50th
	MHW	44.5%	44.9%	47.5%	Above 50th, Below 75th
	UHC	41.4%	44.7%	47.0%	Above 50th, Below 75th
	WLP	45.1%	43.0%	44.3%	At 50th

[†]Statewide Weighted Rate

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Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Initiation and Engagement of Substance Use Disorder Treatment (IET), Other Substance Use Disorder, Engagement of SUD Treatment, Total	Statewide†	9.7%	9.7%	12.0%	At 50th
	CCW	9.2%	8.4%	11.6%	At 50th
	CHPW	7.4%	8.1%	9.1%	Below 50th
	MHW	10.7%	10.7%	13.6%	Above 50th, Below 75th
	UHC	8.3%	10.1%	14.1%	Above 50th, Below 75th
	WLP	10.0%	8.8%	8.9%	Below 50th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Initiation of SUD Treatment, Total	Statewide†	47.2%	46.5%	49.6%	Above 50th, Below 75th
	CCW	43.7%	41.8%	49.0%	Above 50th, Below 75th
	CHPW	40.0%	40.0%	42.3%	Below 50th
	MHW	49.3%	49.0%	51.7%	Above 75th
	UHC	46.2%	47.3%	50.7%	At 75th
	WLP	49.5%	47.6%	49.7%	Above 50th, Below 75th
Initiation and Engagement of Substance Use Disorder Treatment (IET), Engagement of SUD Treatment, Total	Statewide†	15.3%	14.9%	18.4%	Above 50th, Below 75th
	CCW	14.2%	12.7%	18.0%	Above 50th, Below 75th
	CHPW	13.2%	13.2%	15.8%	Above 50th, Below 75th
	MHW	16.1%	16.1%	19.5%	At 75th
	UHC	15.1%	15.1%	20.3%	At 75th
	WLP	15.7%	14.3%	16.3%	Above 50th, Below 75th
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	Statewide†	86.7%	85.2%	87.4%	At 50th
	CCW	77.4%	82.5%	84.9%	At 50th
	CHPW	86.4%	86.6%	87.8%	At 50th
	MHW	90.3%	88.6%	89.1%	At 50th
	UHC	81.0%	79.8%	83.9%	At 50th
	WLP	83.9%	74.9%	83.7%	At 50th
Prenatal and Postpartum Care (PPC), Postpartum Care	Statewide†	79.6%	81.8%	84.0%	At 50th
	CCW	71.1%	80.8%	83.2%	At 50th
	CHPW	83.2%	83.0%	88.3%	At 75th
	MHW	82.0%	84.7%	84.4%	At 50th
	UHC	74.9%	74.9%	80.8%	At 50th
	WLP	76.4%	74.2%	78.6%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Access/Availability of Care

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 1-11 Years	Statewide†	57.9%	61.7%	56.3%	At 50th
	CCW	75.0%	67.0%	61.7%	At 50th
	CHPW	***	41.3%	60.6%	At 50th
	MHW	55.9%	65.2%	48.1%	Below 50th
	UHC	***	***	***	NA
	WLP	54.8%	46.7%	61.3%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), 12-17 Years	Statewide†	58.8%	60.4%	63.5%	At 50th
	CCW	57.1%	60.2%	62.0%	At 50th
	CHPW	60.0%	57.7%	64.0%	At 50th
	MHW	60.1%	62.3%	62.6%	At 50th
	UHC	60.3%	50.0%	73.8%	At 50th
	WLP	51.8%	61.2%	64.8%	At 50th
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP), Total	Statewide†	58.6%	60.8%	61.7%	At 50th
	CCW	61.8%	62.4%	61.9%	At 50th
	CHPW	55.2%	52.7%	63.3%	At 50th
	MHW	59.0%	63.2%	59.0%	Below 50th
	UHC	56.9%	54.4%	75.3%	At 75th
	WLP	52.6%	57.9%	63.7%	At 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Utilization

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months	Statewide†	56.3%	58.0%	61.2%	Below 50th
	CCW	52.9%	57.0%	61.1%	Below 50th
	CHPW	58.5%	59.2%	62.2%	At 50th
	MHW	57.8%	58.5%	61.0%	Below 50th
	UHC	53.8%	58.5%	62.8%	At 50th
	WLP	52.8%	54.9%	59.7%	Below 50th
Well-Child Visits in the First 30 Months of Life (W30), 15-30 Months	Statewide†	64.8%	65.2%	68.9%	Below 50th
	CCW	65.9%	67.2%	68.9%	Below 50th
	CHPW	63.3%	64.7%	66.9%	Below 50th
	MHW	65.4%	65.6%	69.6%	Below 50th
	UHC	63.7%	64.1%	69.7%	Below 50th
	WLP	63.3%	63.1%	67.2%	Below 50th
Child and Adolescent Well-Care Visits (WCV), 3-11 Years	Statewide†	53.8%	57.2%	59.8%	Below 50th
	CCW	54.9%	56.6%	61.5%	Below 50th
	CHPW	51.9%	55.5%	58.5%	Below 50th
	MHW	55.4%	59.2%	60.9%	Below 50th
	UHC	49.2%	53.7%	55.6%	Below 50th
	WLP	51.1%	53.5%	57.2%	Below 50th
Child and Adolescent Well-Care Visits (WCV), 12-17 Years	Statewide†	44.6%	48.1%	49.9%	Below 50th
	CCW	44.6%	46.8%	51.3%	Below 50th
	CHPW	44.8%	46.4%	47.6%	Below 50th
	MHW	45.9%	49.9%	51.0%	Below 50th
	UHC	40.1%	45.3%	46.0%	Below 50th
	WLP	41.4%	45.7%	49.0%	Below 50th
Child and Adolescent Well-Care Visits (WCV), 18-21 Years	Statewide†	18.7%	22.1%	24.1%	Below 50th
	CCW	18.2%	20.8%	24.5%	Below 50th
	CHPW	18.6%	20.5%	22.5%	Below 50th
	MHW	19.5%	23.4%	25.1%	Below 50th
	UHC	18.0%	21.7%	22.6%	Below 50th
	WLP	16.0%	19.8%	22.2%	Below 50th

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



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Statistically significant decrease from previous measure year



Utilization

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Child and Adolescent Well-Care Visits (WCV), Total	Statewide†	44.8%	49.2%	51.6%	Below 50th
	CCW	45.2%	48.3%	53.2%	Below 50th
	CHPW	43.0%	46.6%	49.1%	Below 50th
	MHW	46.4%	51.1%	52.8%	Below 50th
	UHC	41.3%	46.8%	48.3%	Below 50th
	WLP	42.1%	46.5%	50.2%	Below 50th
Antibiotic Utilization for Respiratory Conditions (AXR), 3 Months-17 Years	Statewide†	14.6%	24.0%	25.8%	No Benchmark
	CCW	15.1%	23.9%	24.8%	No Benchmark
	CHPW	13.3%	21.8%	23.2%	No Benchmark
	MHW	14.8%	24.8%	26.8%	No Benchmark
	UHC	14.0%	23.8%	26.2%	No Benchmark
	WLP	14.5%	23.1%	24.9%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), 18-64 Years	Statewide†	12.4%	17.3%	18.6%	No Benchmark
	CCW	12.1%	17.2%	18.0%	No Benchmark
	CHPW	10.9%	15.6%	16.5%	No Benchmark
	MHW	12.8%	17.9%	19.3%	No Benchmark
	UHC	12.6%	17.1%	19.0%	No Benchmark
	WLP	12.5%	17.0%	18.4%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), 65+ Years	Statewide†	9.1%	10.7%	11.3%	No Benchmark
	CCW	7.3%	9.7%	10.7%	No Benchmark
	CHPW	10.7%	10.0%	9.6%	No Benchmark
	MHW	9.4%	14.0%	13.9%	No Benchmark
	UHC	7.5%	8.9%	10.0%	No Benchmark
	WLP	10.1%	9.9%	12.6%	No Benchmark
Antibiotic Utilization for Respiratory Conditions (AXR), Total	Statewide†	13.6%	21.2%	22.8%	No Benchmark
	CCW	13.9%	21.3%	22.3%	No Benchmark
	CHPW	12.2%	19.1%	20.4%	No Benchmark
	MHW	13.9%	22.0%	23.8%	No Benchmark
	UHC	13.2%	20.5%	22.7%	No Benchmark
	WLP	13.4%	20.1%	21.9%	No Benchmark

[†]Statewide Weighted Rate

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Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Utilization

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Plan All-Cause Readmissions (PCR), Observed Rate, 18-44 Years (↓)	Statewide† CCW CHPW MHW UHC WLP			8.6% 10.3% 8.6% 7.9% 9.9% 8.8%	No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 45-54 Years (↓)	Statewide† CCW CHPW MHW UHC WLP			9.4% 8.8% 10.6% 9.6% 9.4% 8.2%	No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, 55-64 Years (↓)	Statewide† CCW CHPW MHW UHC WLP			10.0% 9.6% 10.1% 9.7% 10.3% 10.7%	No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark
Plan All-Cause Readmissions (PCR), Observed Rate, Total (↓)	Statewide† CCW CHPW MHW UHC WLP			9.2% 9.8% 9.5% 8.8% 9.9% 9.3%	No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark No Benchmark

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 18-44 Years	Statewide†			1.09	No Benchmark
	CCW			1.28	No Benchmark
	CHPW			1.07	No Benchmark
	MHW			1.03	No Benchmark
	UHC			1.20	No Benchmark
	WLP			1.10	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 45-54 Years	Statewide†			1.00	No Benchmark
	CCW			0.93	No Benchmark
	CHPW			1.12	No Benchmark
	MHW			1.05	No Benchmark
	UHC			0.94	No Benchmark
	WLP			0.86	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, 55-64 Years	Statewide†			0.98	No Benchmark
	CCW			0.93	No Benchmark
	CHPW			0.98	No Benchmark
	MHW			0.97	No Benchmark
	UHC			0.99	No Benchmark
	WLP			1.05	No Benchmark
Plan All-Cause Readmissions (PCR), Observed-to-Expected Ratio, Total	Statewide†			1.04	No Benchmark
	CCW			1.09	No Benchmark
	CHPW			1.05	No Benchmark
	MHW			1.01	No Benchmark
	UHC			1.06	No Benchmark
	WLP			1.03	No Benchmark

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Social Need Screening and Intervention (SNS-E), Food Screening, 0-17 Years	Statewide†		0.0%	0.1%	↑
	CCW		0.0%	0.0%	↑
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	↑
	UHC		0.1%	0.6%	↑
	WLP		0.0%	0.2%	↑
Social Need Screening and Intervention (SNS-E), Food Screening, 18-64 Years	Statewide†		0.0%	0.3%	↑
	CCW		0.0%	0.2%	↑
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	↑
	UHC		0.1%	0.7%	↑
	WLP		0.0%	1.1%	↑
Social Need Screening and Intervention (SNS-E), Food Screening, 65+ Years	Statewide†		0.0%	0.3%	↑
	CCW		0.0%	0.0%	No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.4%	No Benchmark
	WLP		0.0%	1.8%	↑
Social Need Screening and Intervention (SNS-E), Food Screening, Total	Statewide†		0.0%	0.2%	↑
	CCW		0.0%	0.1%	↑
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	↑
	UHC		0.1%	0.7%	↑
	WLP		0.0%	0.7%	↑
Social Need Screening and Intervention (SNS-E), Food Intervention, 0-17 Years	Statewide†	***		4.9%	No Benchmark
	CCW	***	***	***	NA
	CHPW	***	***	***	NA
	MHW	***	***	***	NA
	UHC	***	0.0%	No Benchmark	
	WLP	***	***	***	NA

[†]Statewide Weighted Rate

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Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Social Need Screening and Intervention (SNS-E), Food Intervention, 18-64 Years	Statewide†		***	6.2%	No Benchmark
	CCW		***	***	NA
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	2.5%	No Benchmark
	WLP		***	3.5%	No Benchmark
Social Need Screening and Intervention (SNS-E), Food Intervention, Total	Statewide†		***	5.9%	No Benchmark
	CCW		***	***	NA
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	1.8%	No Benchmark
	WLP		***	4.7%	No Benchmark
Social Need Screening and Intervention (SNS-E), Housing Screening, 0-17 Years	Statewide†		0.0%	0.0%	↑
	CCW		0.0%	0.0%	No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.0%	↑
	WLP		0.0%	0.2%	↑
Social Need Screening and Intervention (SNS-E), Housing Screening, 18-64 Years	Statewide†		0.0%	0.7%	↑
	CCW		0.0%	3.0%	↑
	CHPW		0.1%	0.7%	↑
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.5%	↑
	WLP		0.0%	1.2%	↑
Social Need Screening and Intervention (SNS-E), Housing Screening, 65+ Years	Statewide†		0.1%	2.9%	↑
	CCW		0.0%	5.8%	↑
	CHPW		0.5%	5.4%	↑
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.4%	No Benchmark
	WLP		0.0%	1.8%	↑

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Social Need Screening and Intervention (SNS-E), Housing Screening, Total	Statewide†		0.0%	0.3%	↑ No Benchmark
	CCW		0.0%	1.4%	↑ No Benchmark
	CHPW		0.0%	0.4%	↑ No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.3%	↑ No Benchmark
	WLP		0.0%	0.8%	↑ No Benchmark
Social Need Screening and Intervention (SNS-E), Housing Intervention, 18-64 Years	Statewide†		***	0.0%	No Benchmark
	CCW		***	0.0%	No Benchmark
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	0.0%	No Benchmark
	WLP		***	0.0%	No Benchmark
Social Need Screening and Intervention (SNS-E), Housing Intervention, Total	Statewide†		***	0.0%	No Benchmark
	CCW		***	0.0%	No Benchmark
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	0.0%	No Benchmark
	WLP		***	0.0%	No Benchmark
Social Need Screening and Intervention (SNS-E), Transportation Screening, 0-17 Years	Statewide†		0.0%	0.1%	↑ No Benchmark
	CCW		0.0%	0.0%	↑ No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.1%	0.6%	↑ No Benchmark
	WLP		0.0%	0.2%	↑ No Benchmark
Social Need Screening and Intervention (SNS-E), Transportation Screening, 18-64 Years	Statewide†		0.0%	0.7%	↑ No Benchmark
	CCW		0.0%	4.2%	↑ No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.1%	0.7%	↑ No Benchmark
	WLP		0.0%	1.2%	↑ No Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Social Need Screening and Intervention (SNS-E), Transportation Screening, 65+ Years	Statewide†		0.0%	2.2%	No Benchmark
	CCW		0.0%	8.6%	No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.0%	0.4%	No Benchmark
	WLP		0.0%	1.8%	No Benchmark
Social Need Screening and Intervention (SNS-E), Transportation Screening, Total	Statewide†		0.0%	0.4%	No Benchmark
	CCW		0.0%	1.9%	No Benchmark
	CHPW		0.0%	0.0%	No Benchmark
	MHW		0.0%	0.0%	No Benchmark
	UHC		0.1%	0.7%	No Benchmark
	WLP		0.0%	0.8%	No Benchmark
Social Need Screening and Intervention (SNS-E), Transportation Intervention, 18-64 Years	Statewide†		***	0.6%	No Benchmark
	CCW		***	1.5%	No Benchmark
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	0.0%	No Benchmark
	WLP		***	0.0%	No Benchmark
Social Need Screening and Intervention (SNS-E), Transportation Intervention, Total	Statewide†		***	0.5%	No Benchmark
	CCW		***	1.5%	No Benchmark
	CHPW		***	***	NA
	MHW		***	***	NA
	UHC		***	0.0%	No Benchmark
	WLP		***	0.0%	No Benchmark
Home and Community-Based Long Term Services and Supports Use (HCBS), 18-64 Years	Statewide†	96.0%	96.1%	95.1%	Below RDA Benchmark
	CCW	94.7%	94.4%	93.7%	Below RDA Benchmark
	CHPW	96.0%	96.3%	95.1%	Below RDA Benchmark
	MHW	96.8%	96.8%	96.2%	At RDA Benchmark
	UHC	95.7%	95.8%	94.3%	Below RDA Benchmark
	WLP	94.8%	95.1%	93.2%	Below RDA Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year  

Measures where lower scores are better:

Statistically significant increase from previous measure year  

Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Percent Homeless - Narrow Definition (HOME-N), 6-17 Years (↓)	Statewide†	2.9% 	3.3% 	3.6% 	Above RDA Benchmark
	CCW	2.6% 	2.7% 	3.1% 	Above RDA Benchmark
	CHPW	2.4% 	2.9% 	3.5% 	Above RDA Benchmark
	MHW	2.9% 	3.3% 	3.6% 	Above RDA Benchmark
	UHC	3.1% 	3.6% 	4.1% 	Above RDA Benchmark
	WLP	3.3% 	3.9% 	4.0% 	Above RDA Benchmark
Percent Homeless - Narrow Definition (HOME-N), 6-26 Years (↓)	Statewide†	4.3% 	4.7% 	5.0% 	Above RDA Benchmark
	CCW	4.1% 	4.3% 	4.7% 	Above RDA Benchmark
	CHPW	3.7% 	4.2% 	4.9% 	Above RDA Benchmark
	MHW	4.3% 	4.7% 	5.0% 	Above RDA Benchmark
	UHC	4.5% 	5.0% 	5.6% 	Above RDA Benchmark
	WLP	5.1% 	5.5% 	5.6% 	Above RDA Benchmark
Percent Homeless - Narrow Definition (HOME-N), 6-64 Years (↓)	Statewide†	7.8% 	8.7% 	9.4% 	Above RDA Benchmark
	CCW	7.7% 	8.3% 	8.9% 	Above RDA Benchmark
	CHPW	7.6% 	8.8% 	9.8% 	Above RDA Benchmark
	MHW	6.9% 	7.8% 	8.4% 	At RDA Benchmark
	UHC	8.8% 	9.8% 	10.7% 	Above RDA Benchmark
	WLP	10.8% 	12.1% 	12.8% 	Above RDA Benchmark
Percent Homeless - Narrow Definition (HOME-N), 18-64 Years (↓)	Statewide†	10.2% 	12.0% 	13.1% 	Above RDA Benchmark
	CCW	10.5% 	12.3% 	13.3% 	Above RDA Benchmark
	CHPW	10.2% 	12.3% 	13.8% 	Above RDA Benchmark
	MHW	9.2% 	10.7% 	11.8% 	Below RDA Benchmark
	UHC	10.6% 	12.5% 	13.6% 	Above RDA Benchmark
	WLP	13.0% 	15.7% 	17.0% 	Above RDA Benchmark
Percent Homeless - Broad Definition (HOME-B), 6-17 Years (↓)	Statewide†	3.8% 	4.3% 	4.5% 	Above RDA Benchmark
	CCW	3.7% 	3.8% 	4.1% 	At RDA Benchmark
	CHPW	3.3% 	4.1% 	4.5% 	Above RDA Benchmark
	MHW	3.8% 	4.3% 	4.5% 	Above RDA Benchmark
	UHC	3.9% 	4.6% 	5.0% 	Above RDA Benchmark
	WLP	4.3% 	4.9% 	5.0% 	Above RDA Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Social Needs

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Percent Homeless - Broad Definition (HOME-B), 6-26 Years (↓)	Statewide†	5.4%	5.9%	6.1%	Above RDA Benchmark
	CCW	5.4%	5.7%	5.9%	Above RDA Benchmark
	CHPW	4.7%	5.5%	6.0%	Above RDA Benchmark
	MHW	5.3%	5.9%	6.0%	Above RDA Benchmark
	UHC	5.5%	6.2%	6.6%	Above RDA Benchmark
	WLP	6.3%	6.9%	6.8%	Above RDA Benchmark
Percent Homeless - Broad Definition (HOME-B), 6-64 Years (↓)	Statewide†	9.3%	10.4%	10.9%	Above RDA Benchmark
	CCW	9.2%	10.1%	10.5%	Above RDA Benchmark
	CHPW	9.2%	10.6%	11.4%	Above RDA Benchmark
	MHW	8.4%	9.3%	9.9%	Below RDA Benchmark
	UHC	10.2%	11.4%	12.1%	Above RDA Benchmark
	WLP	12.6%	14.0%	14.6%	Above RDA Benchmark
Percent Homeless - Broad Definition (HOME-B), 18-64 Years (↓)	Statewide†	12.1%	14.0%	15.0%	Above RDA Benchmark
	CCW	12.5%	14.6%	15.3%	Above RDA Benchmark
	CHPW	12.2%	14.5%	15.9%	Above RDA Benchmark
	MHW	11.0%	12.7%	13.7%	Below RDA Benchmark
	UHC	12.4%	14.4%	15.4%	Above RDA Benchmark
	WLP	15.3%	17.9%	19.2%	Above RDA Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year  

Measures where lower scores are better:

Statistically significant increase from previous measure year  

Criminal Justice

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Percent Arrested - Members with Substance Use Disorder Treatment Need (SA_SUD) (↓)	Statewide†	14.0% 	15.8% 	17.3% 	Above Benchmark
	CCW	16.0%	18.4% 	19.5%	Above Benchmark
	CHPW	15.7%	17.6% 	19.1% 	Above Benchmark
	MHW	12.7%	14.4% 	15.7% 	Above Benchmark
	UHC	13.2%	15.2% 	17.1% 	Above Benchmark
	WLP	16.0%	17.0% 	19.1% 	Above Benchmark
Percent Arrested - Members with Mental Health Treatment Need (SA-MH) (↓)	Statewide†	4.9%	5.8% 	6.7% 	Above Benchmark
	CCW	5.8%	7.1% 	7.7% 	Above Benchmark
	CHPW	5.5%	6.7% 	7.6% 	Above Benchmark
	MHW	4.3%	5.1% 	5.8% 	Above Benchmark
	UHC	4.6%	5.6% 	6.5% 	Above Benchmark
	WLP	6.5%	7.5% 	8.7% 	Above Benchmark
Receipt of Substance Use Disorder Treatment within 7 Days - DOC Facility Releases (DI-FUA-7D)	Statewide†	37.0% 	38.9%	44.8% 	Above Benchmark
	CCW	41.2%	41.9%	44.5%	At Benchmark
	CHPW	28.8%	27.4%	42.6% 	At Benchmark
	MHW	46.0%	57.6%	58.8%	Above Benchmark
	UHC	42.1% 	39.9%	41.4%	At Benchmark
	WLP	31.7%	29.3%	34.1%	Below Benchmark
Receipt of Substance Use Disorder Treatment within 30 Days - DOC Facility Releases (DI-FUA-30D)	Statewide†	69.5% 	70.9%	74.1%	At Benchmark
	CCW	69.2%	74.5%	75.6%	At Benchmark
	CHPW	64.9%	61.8%	72.9% 	At Benchmark
	MHW	75.5%	82.2%	81.2%	Above Benchmark
	UHC	75.3%	73.1%	71.3%	At Benchmark
	WLP	66.7%	63.9%	67.3%	Below Benchmark
Receipt of Substance Use Disorder Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUA-7D)	Statewide†	33.4%	33.8%	35.8%	At Benchmark
	CCW	31.0%	33.1%	37.5%	At Benchmark
	CHPW	32.0%	30.2%	29.9%	Below Benchmark
	MHW	33.5%	36.3%	38.4%	At Benchmark
	UHC	36.5%	37.0%	40.0%	At Benchmark
	WLP	33.3%	32.1%	31.7%	Below Benchmark

[†]Statewide Weighted Rate

*2024 performance indicates whether a measure is statistically different than national benchmarks.

*** Rates suppressed when the denominator is less than 30.

(↓) For this measure lower scores are better.

Measures where higher scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Measures where lower scores are better:

Statistically significant increase from previous measure year
Statistically significant decrease from previous measure year



Criminal Justice

Measure Description	MCO	2022	2023	2024	MY2024 Performance*
Receipt of Substance Use Disorder Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUA-30D)	Statewide†	57.9%	58.8%	60.0%	Below Benchmark
	CCW	56.0%	58.7%	60.9%	At Benchmark
	CHPW	59.0%	50.3%	51.2%	Below Benchmark
	MHW	57.3%	63.6%	63.8%	At Benchmark
	UHC	59.7%	62.2%	63.1%	At Benchmark
	WLP	57.8%	58.3%	59.0%	At Benchmark
Receipt of Mental Health Treatment within 7 Days - DOC Facility Releases (DI-FUM-7D)	Statewide†	14.1%	11.0%	13.8%	Above Benchmark
	CCW	14.7%	10.2%	8.2%	At Benchmark
	CHPW	14.1%	15.4%	17.8%	Above Benchmark
	MHW	15.2%	9.1%	16.5%	Above Benchmark
	UHC	12.4%	7.0%	11.9%	At Benchmark
	WLP	13.9%	11.2%	15.0%	At Benchmark
Receipt of Mental Health Treatment within 30 Days - DOC Facility Releases (DI-FUM-30D)	Statewide†	33.2%	34.9%	37.8%	At Benchmark
	CCW	31.6%	28.9%	30.9%	Below Benchmark
	CHPW	33.5%	41.8%	42.1%	At Benchmark
	MHW	37.0%	37.9%	38.4%	At Benchmark
	UHC	26.5%	31.3%	37.6%	At Benchmark
	WLP	37.0%	35.5%	41.3%	At Benchmark
Receipt of Mental Health Treatment within 7 Days - Local Jail Release from DOC Custody (DV-FUM-7D)	Statewide†	20.4%	17.2%	18.2%	At Benchmark
	CCW	18.8%	12.2%	15.9%	At Benchmark
	CHPW	22.3%	19.5%	20.1%	At Benchmark
	MHW	18.7%	17.8%	16.9%	At Benchmark
	UHC	24.0%	20.2%	20.5%	At Benchmark
	WLP	19.2%	17.2%	18.2%	At Benchmark
Receipt of Mental Health Treatment within 30 Days - Local Jail Release from DOC Custody (DV-FUM-30D)	Statewide†	41.9%	39.8%	42.6%	At Benchmark
	CCW	41.3%	34.6%	41.5%	At Benchmark
	CHPW	43.7%	39.2%	45.1%	At Benchmark
	MHW	39.6%	41.3%	42.0%	At Benchmark
	UHC	44.2%	43.0%	42.6%	At Benchmark
	WLP	42.1%	41.5%	41.9%	At Benchmark

Appendix B: Measure Comparison by Race, Ethnicity, Three-Year Trend

Appendix B contains measure comparisons by race/ethnicity with three-year trends.

Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

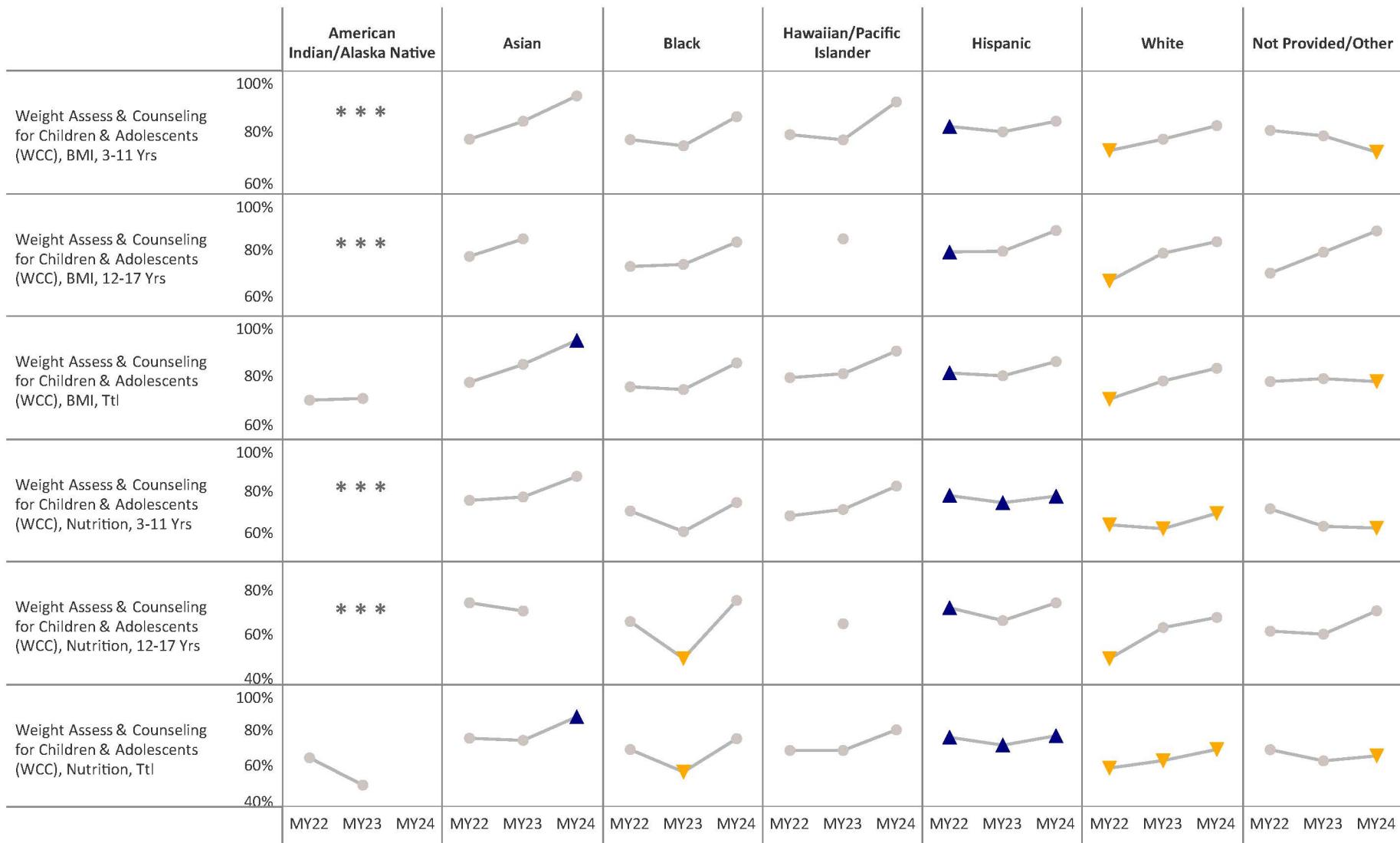
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

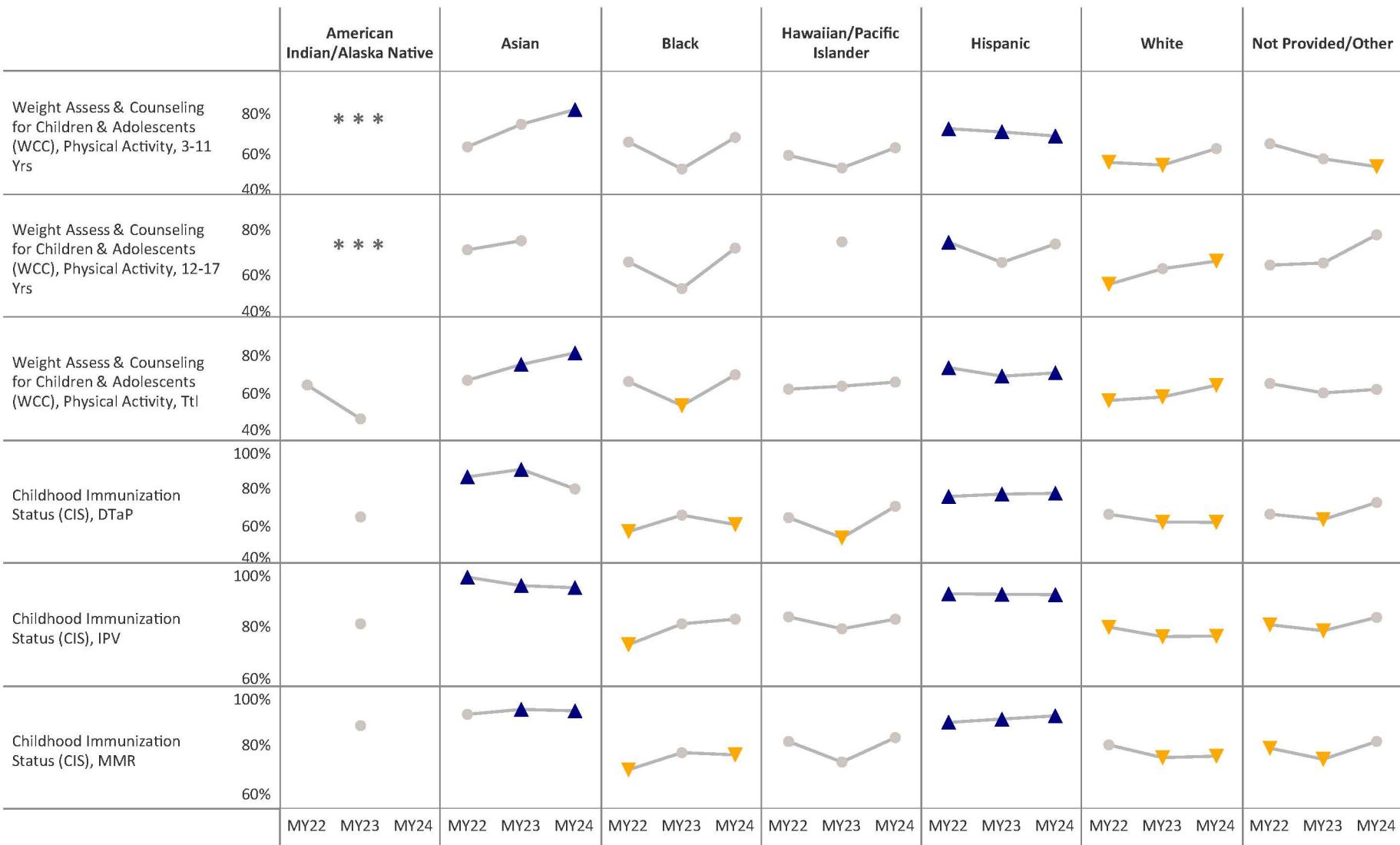
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

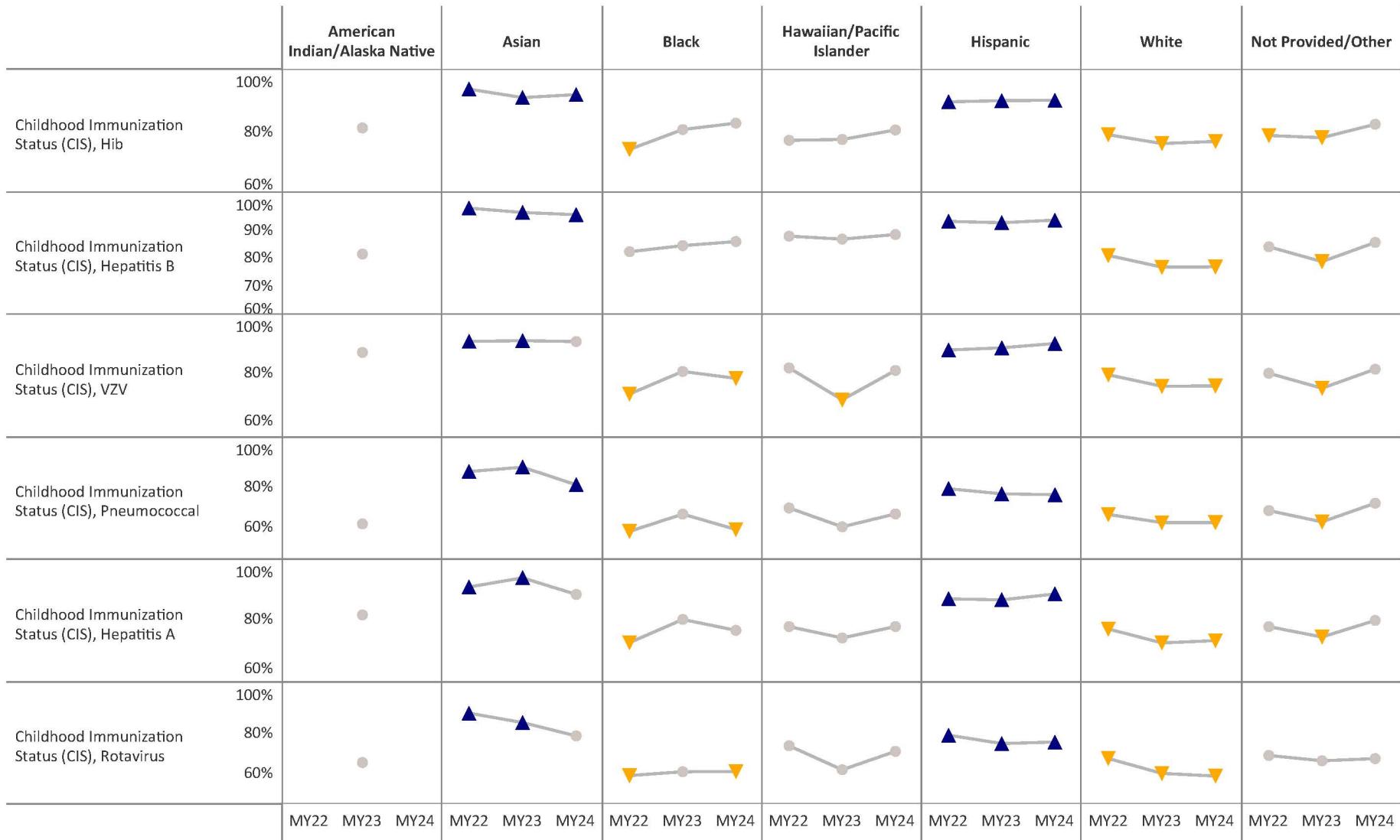
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

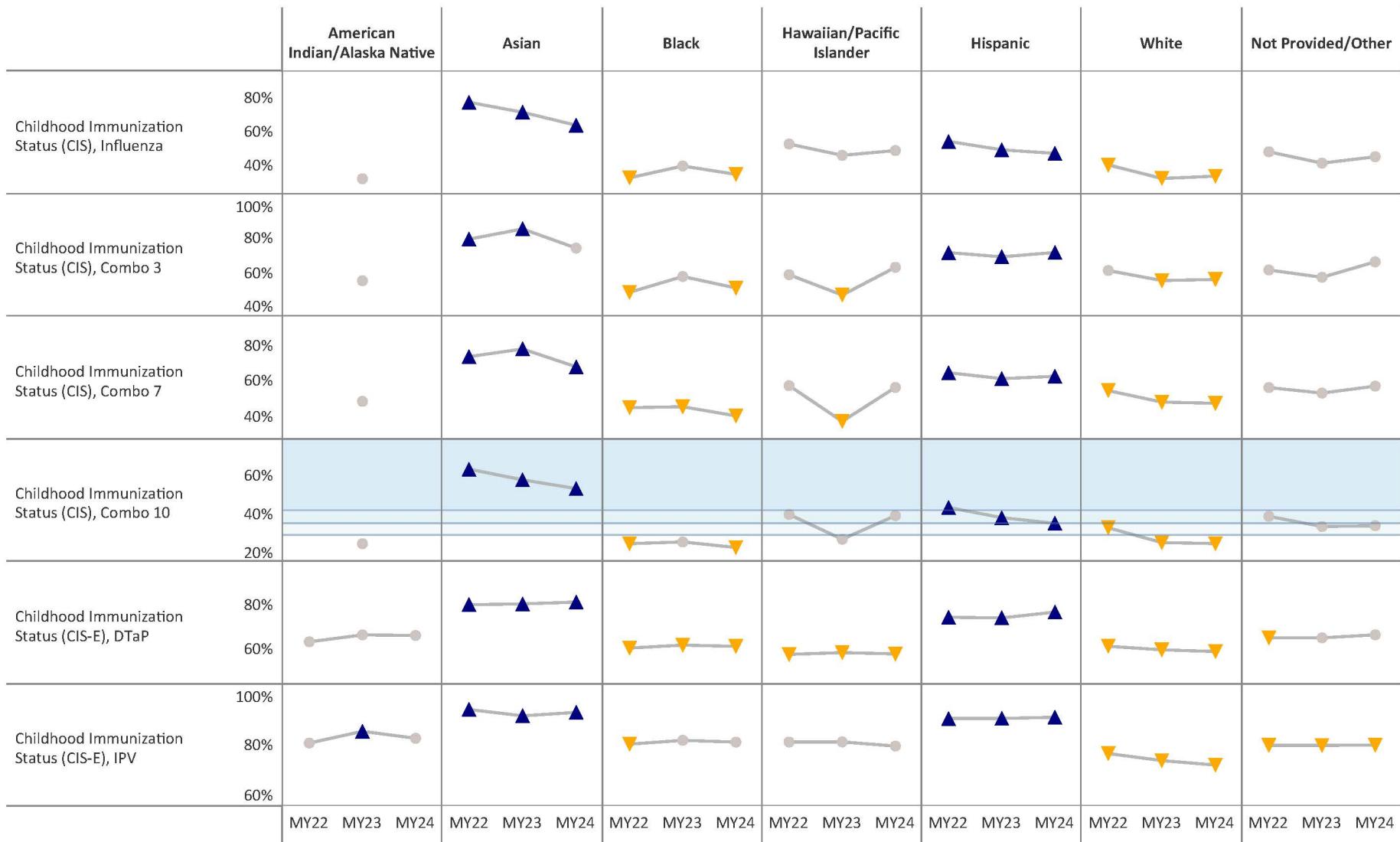
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

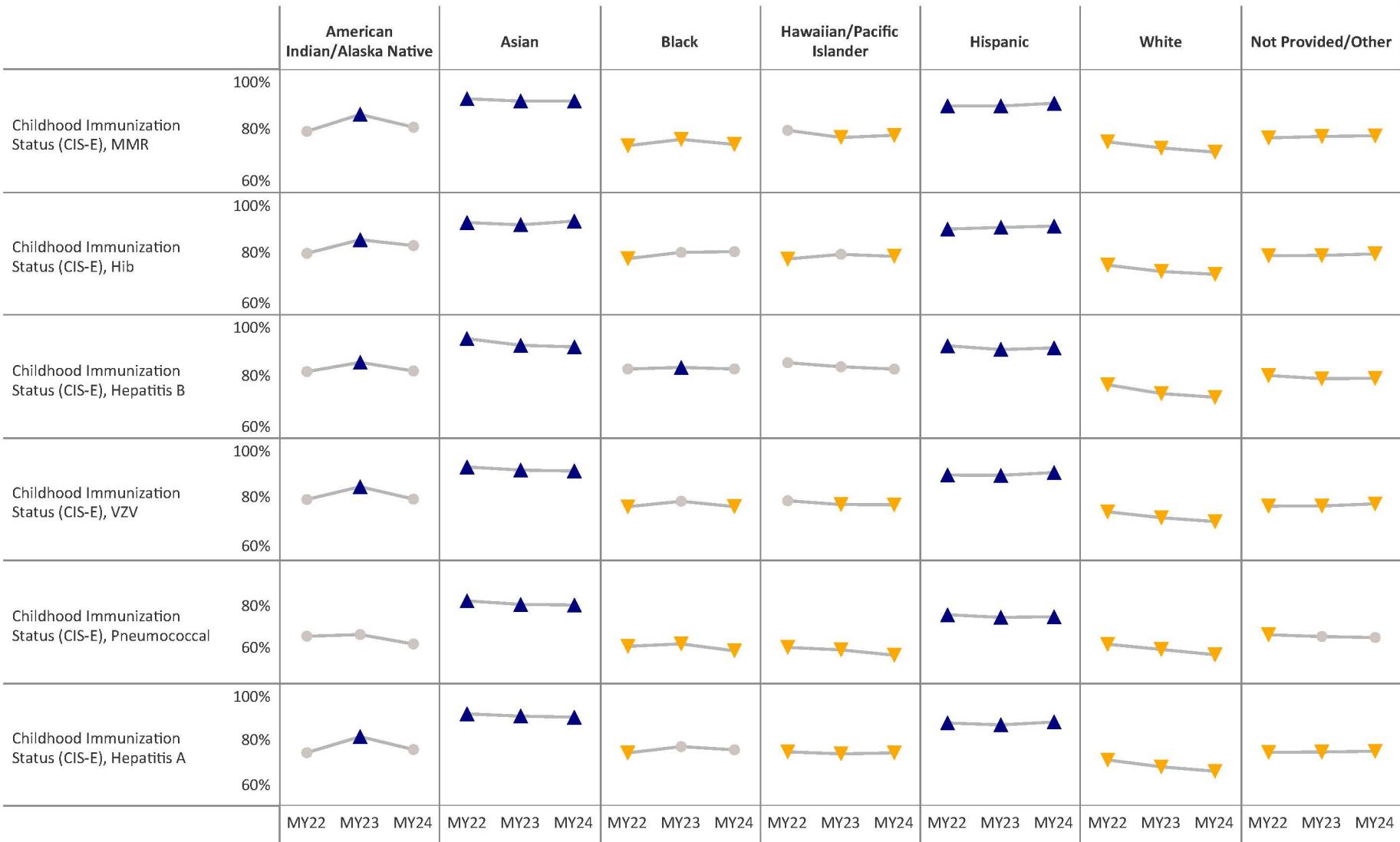
At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening





Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

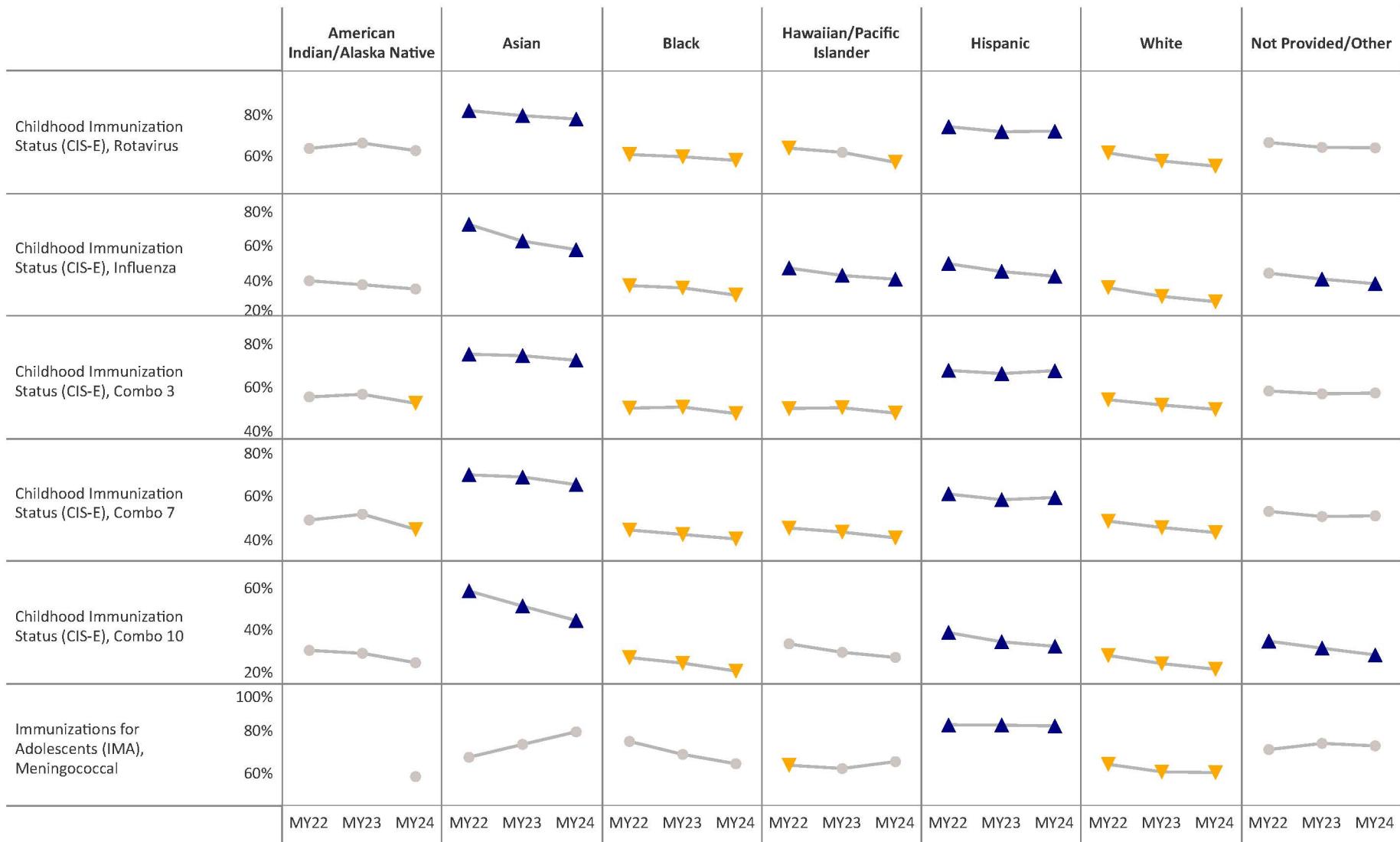
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

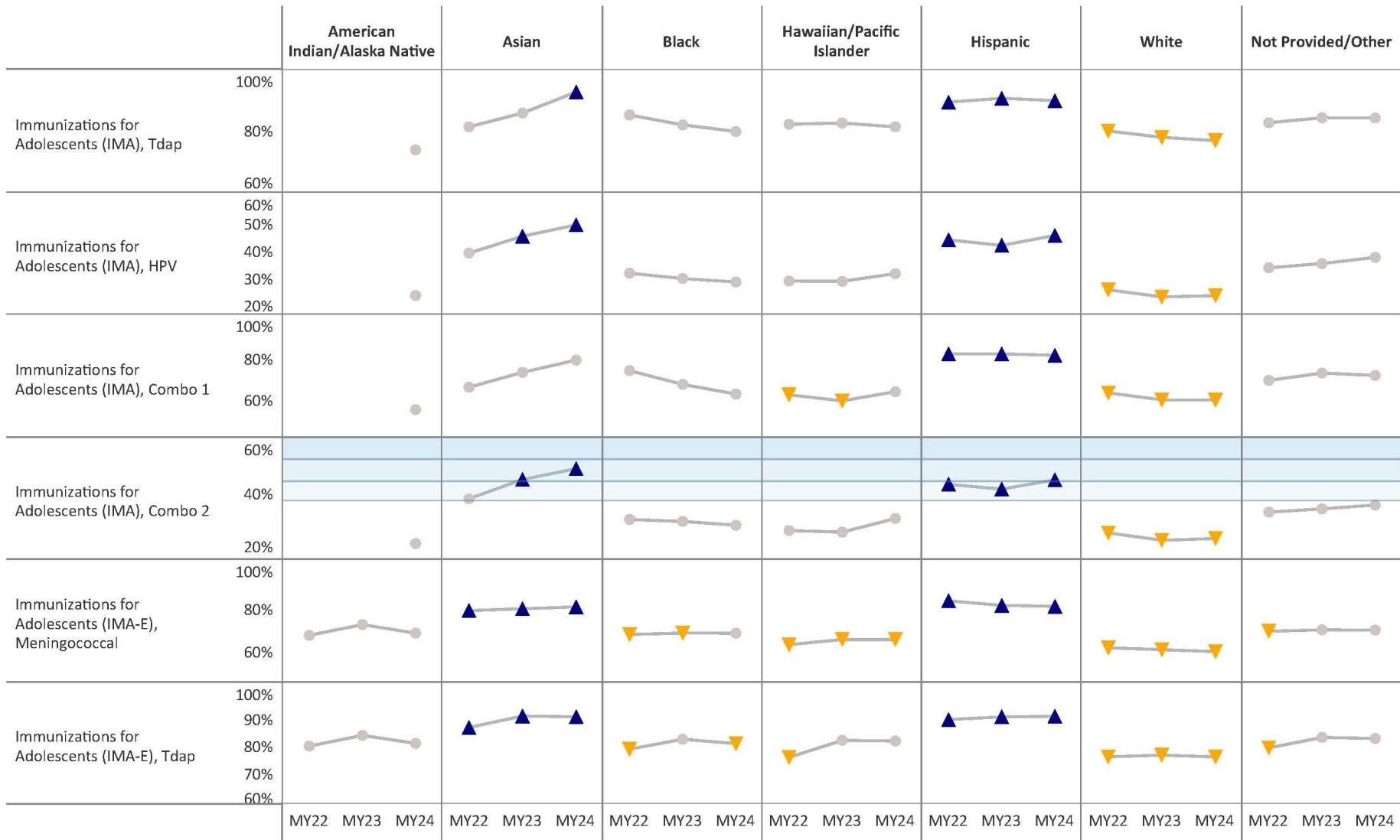
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

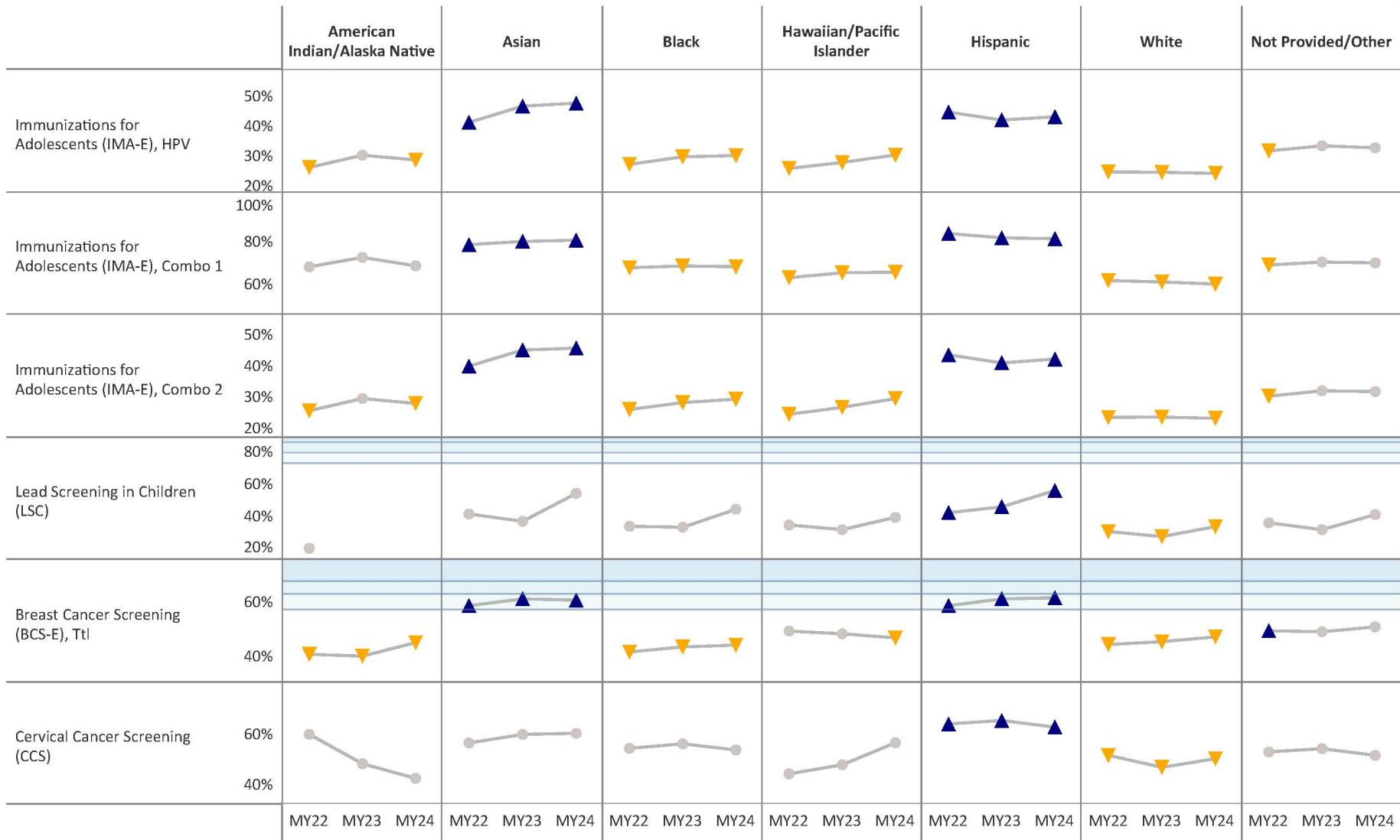
At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening





Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

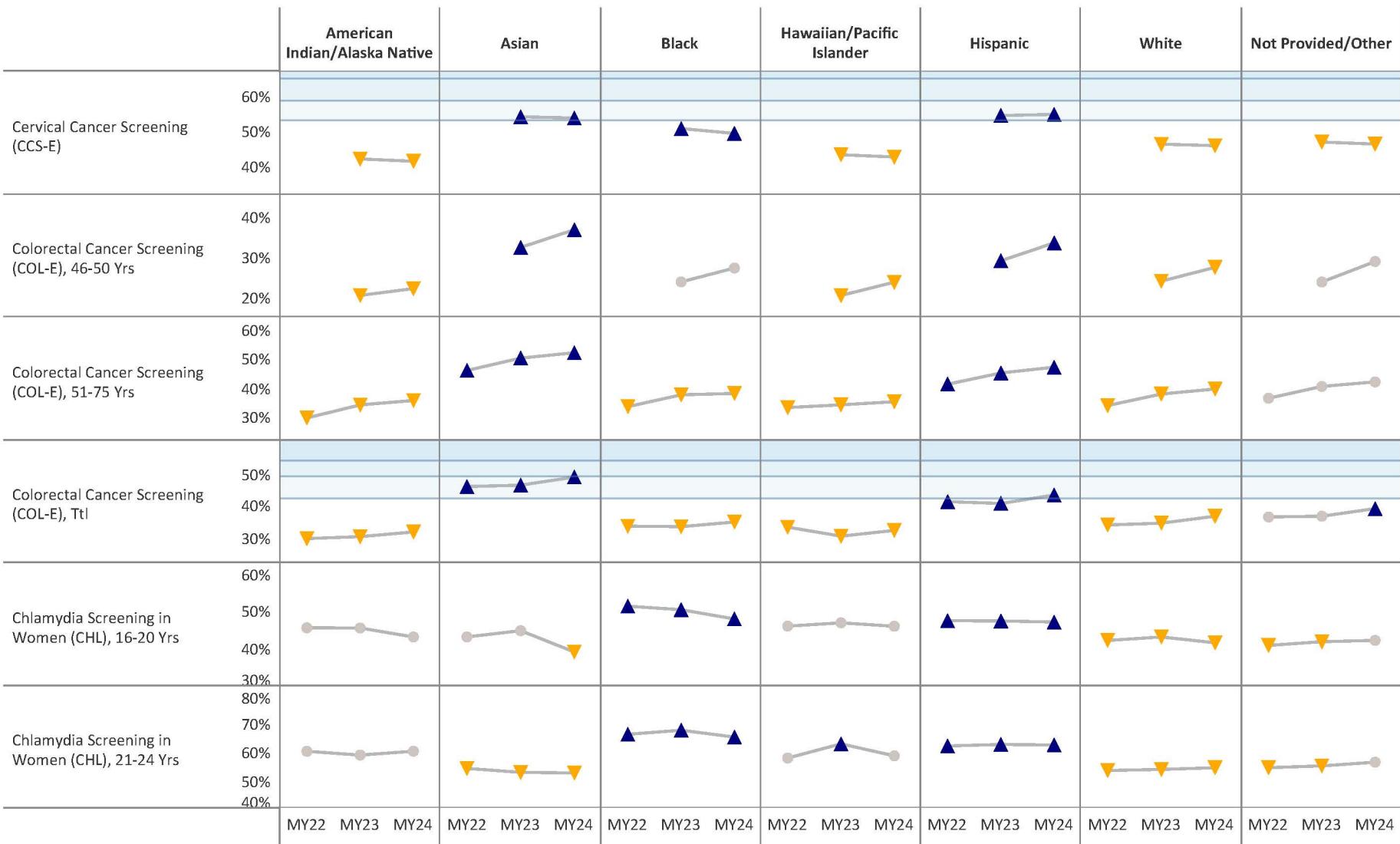
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

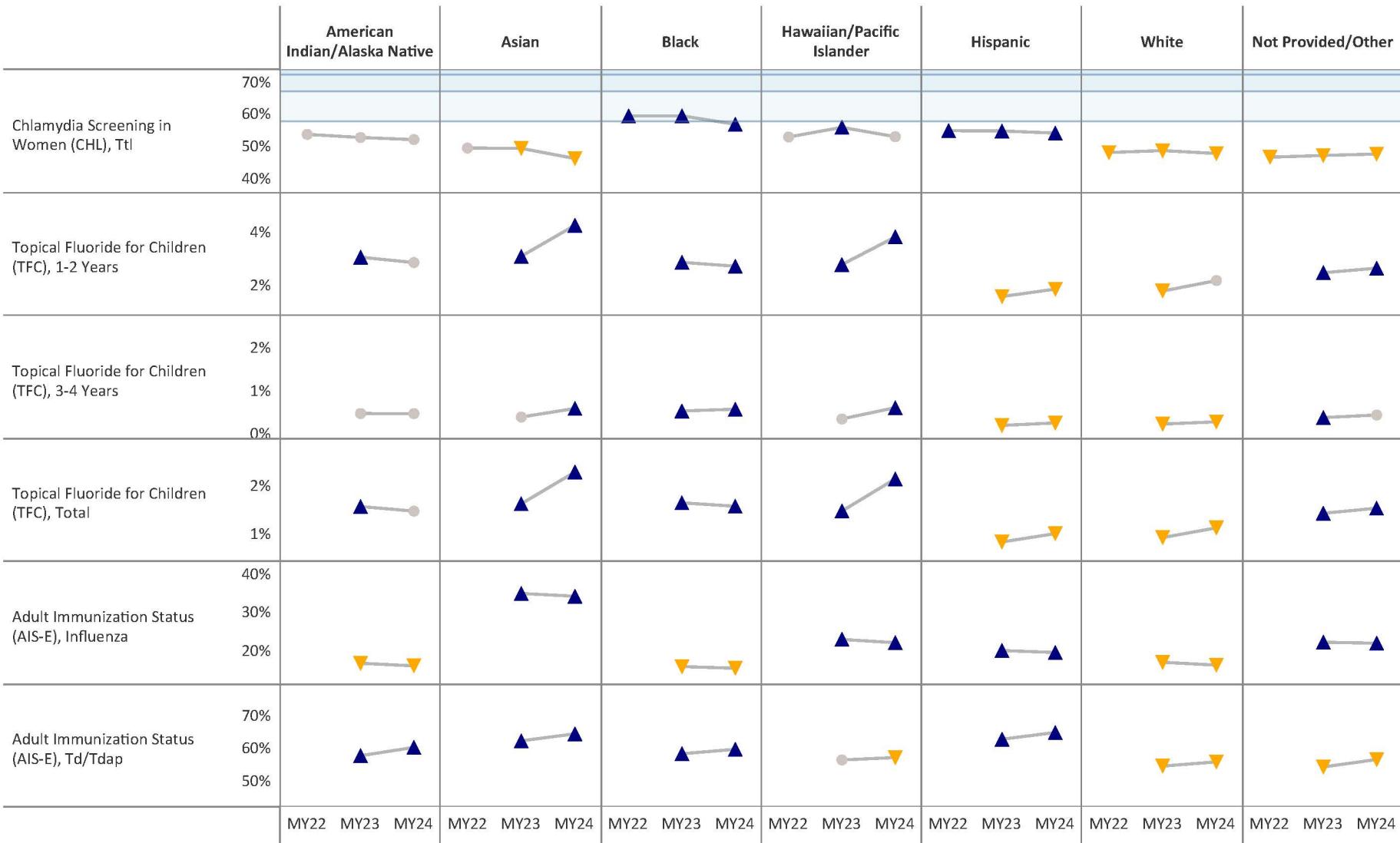
At or Better Than MY2024 Natl 50th Percentile

Prevention and Screening



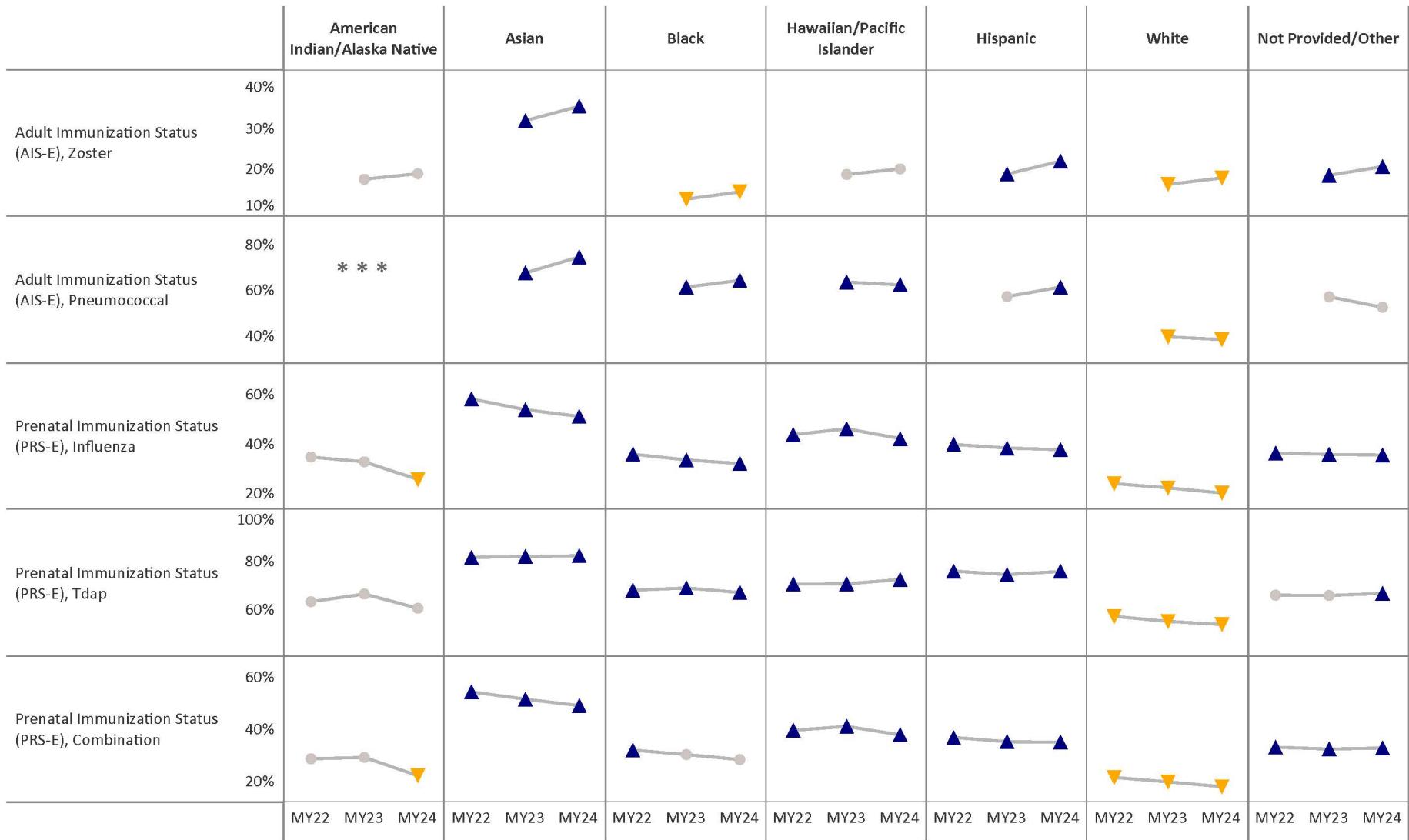


Prevention and Screening





Prevention and Screening



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

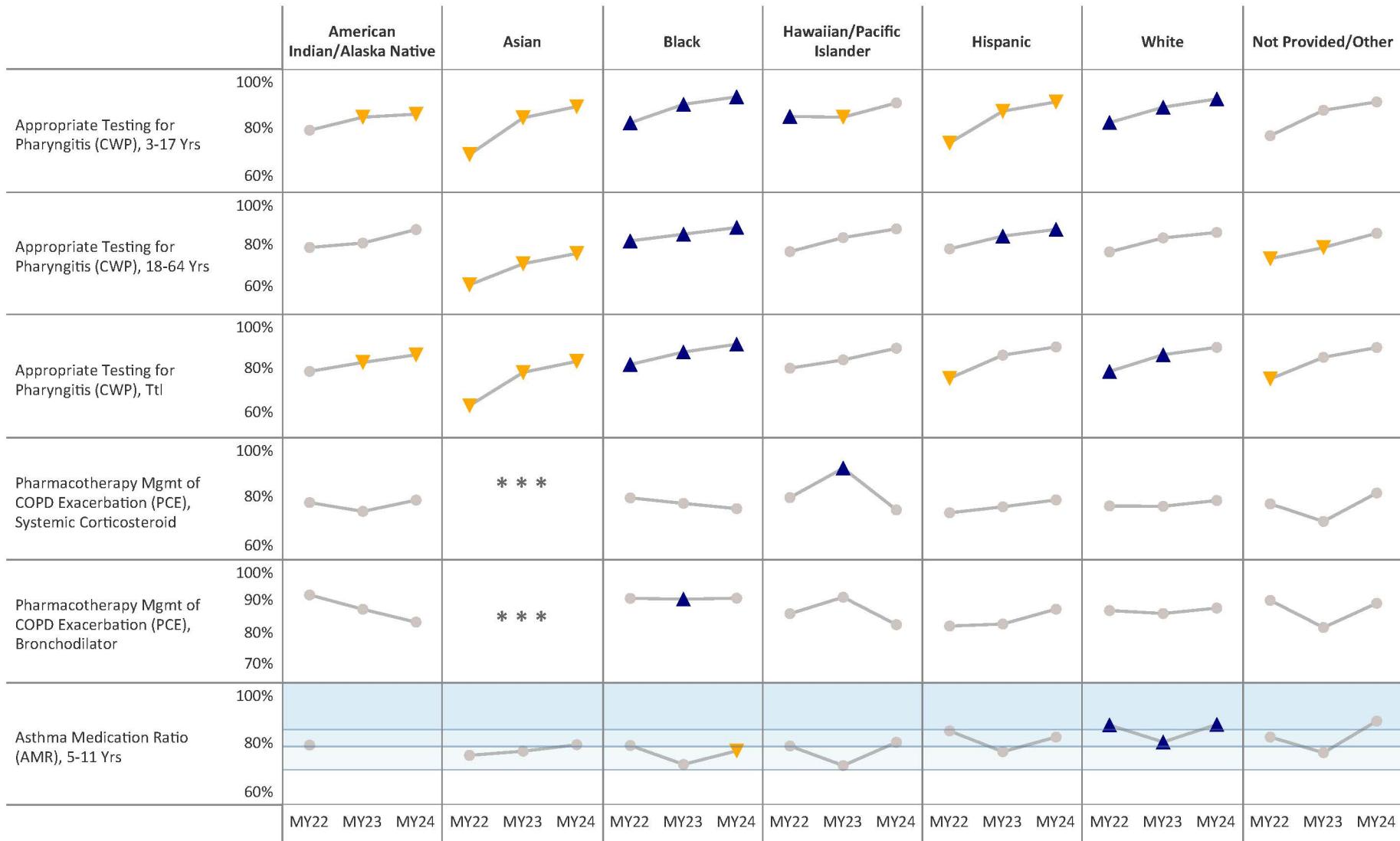
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Respiratory Conditions



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

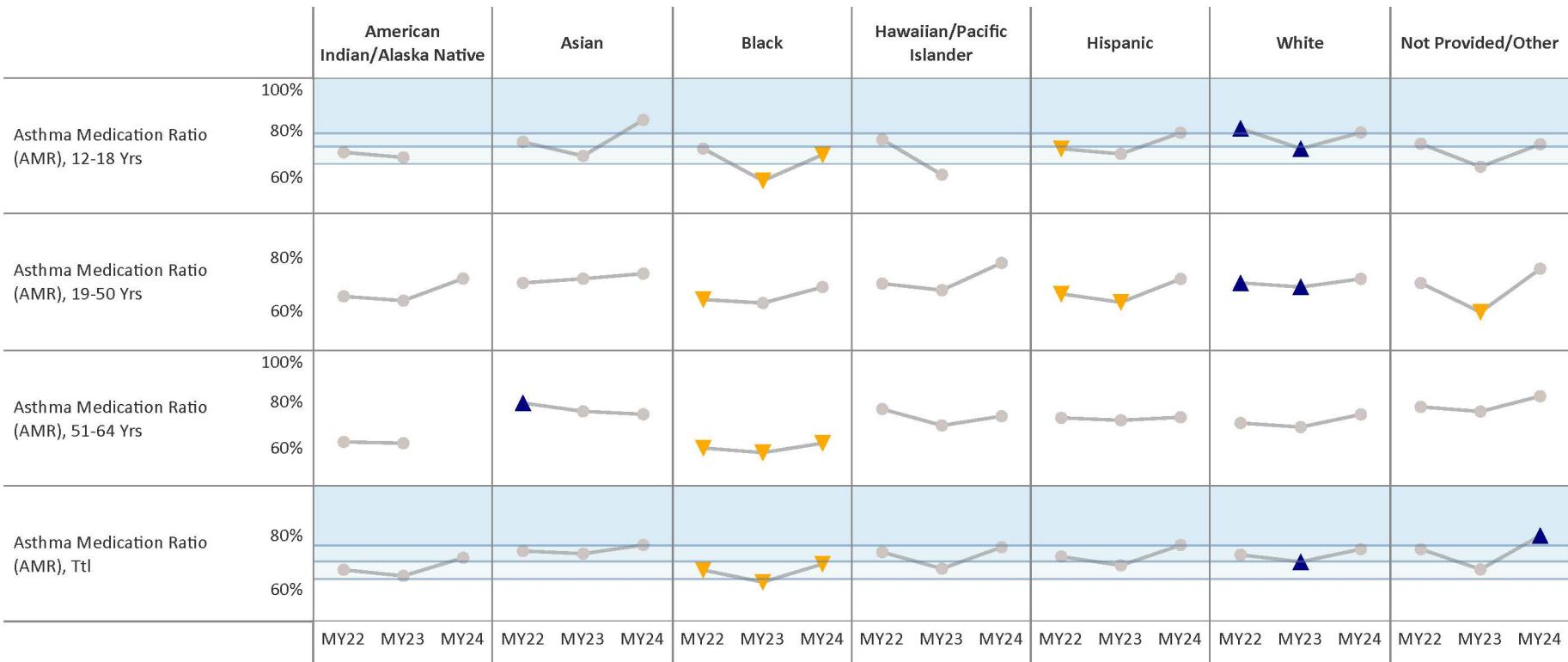
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Respiratory Conditions



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant lower rate than other race/ethnicities



Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

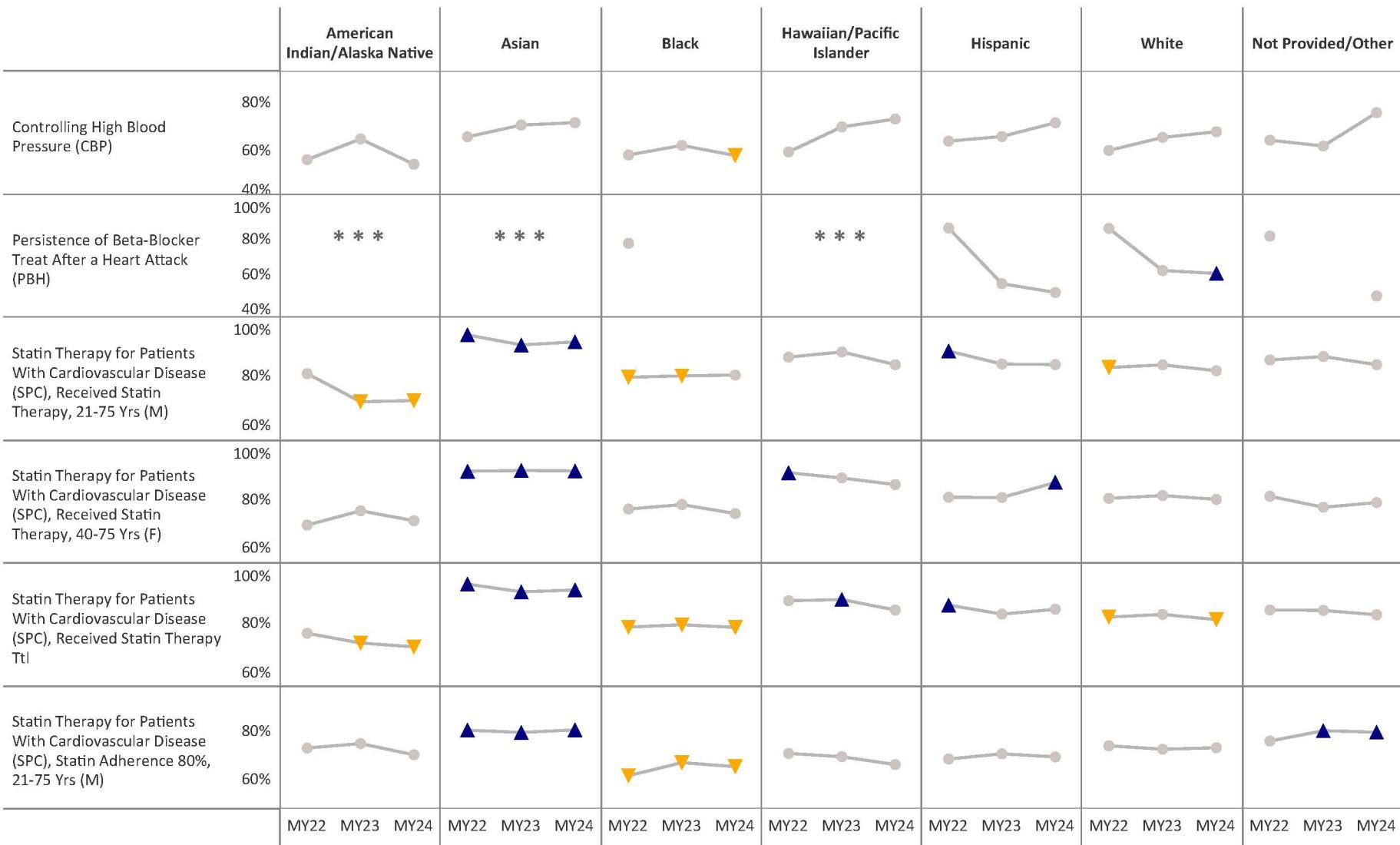
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Cardiovascular Conditions



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

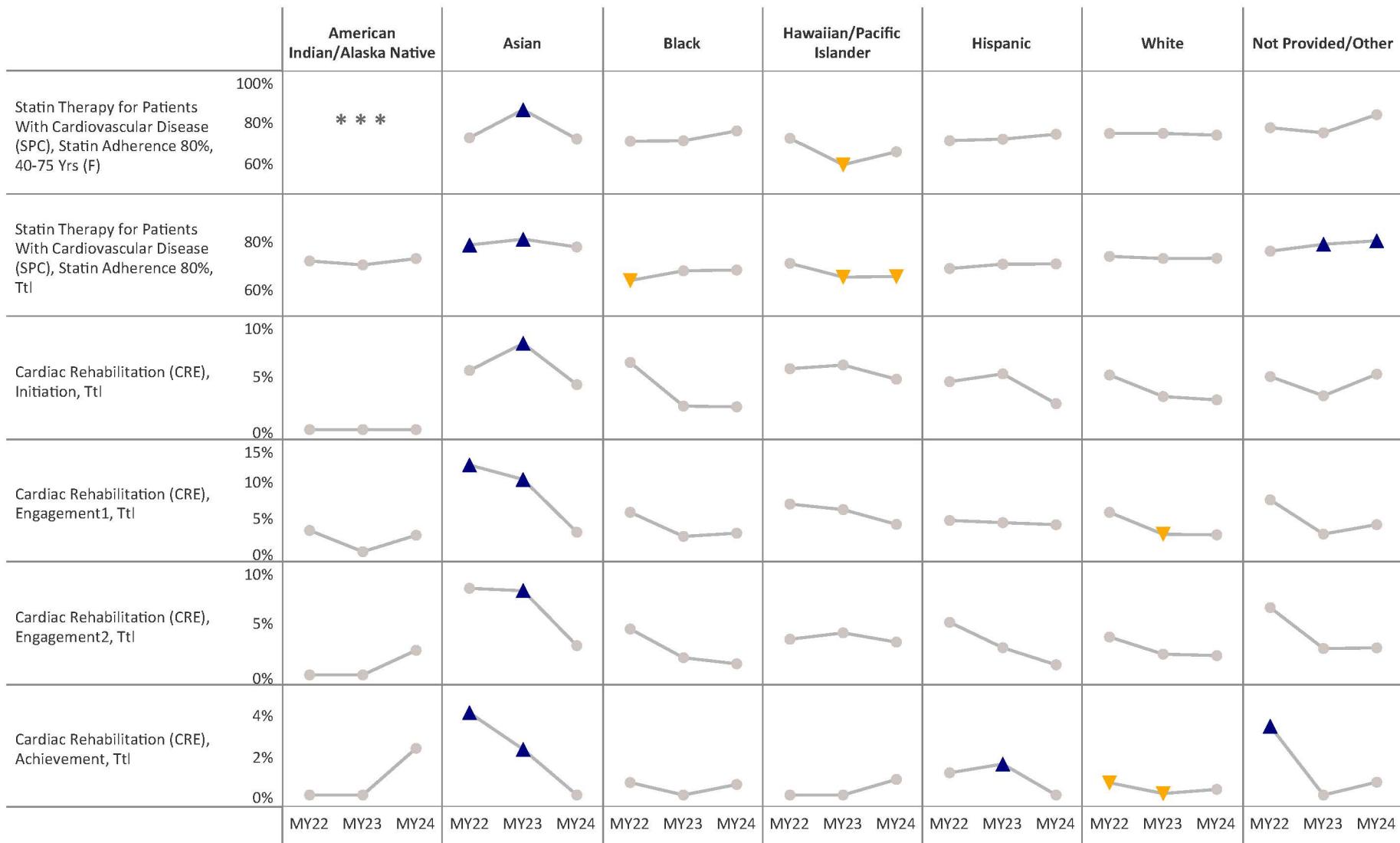
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Cardiovascular Conditions



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Statistically significant lower rate than other race/ethnicities

Statistically significant lower rate than other races/ethnicities

Not enough data to report * * *

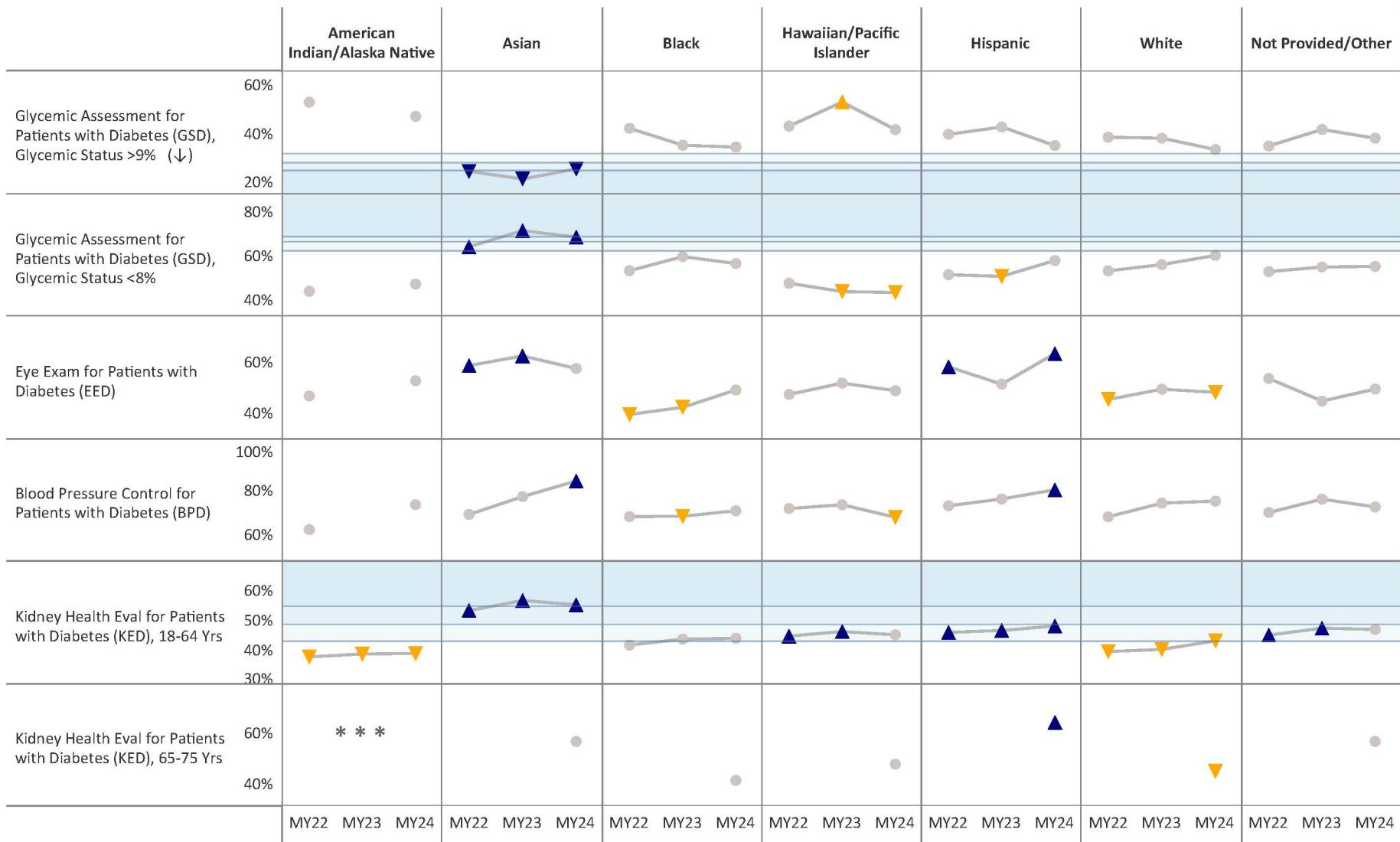
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Diabetes



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

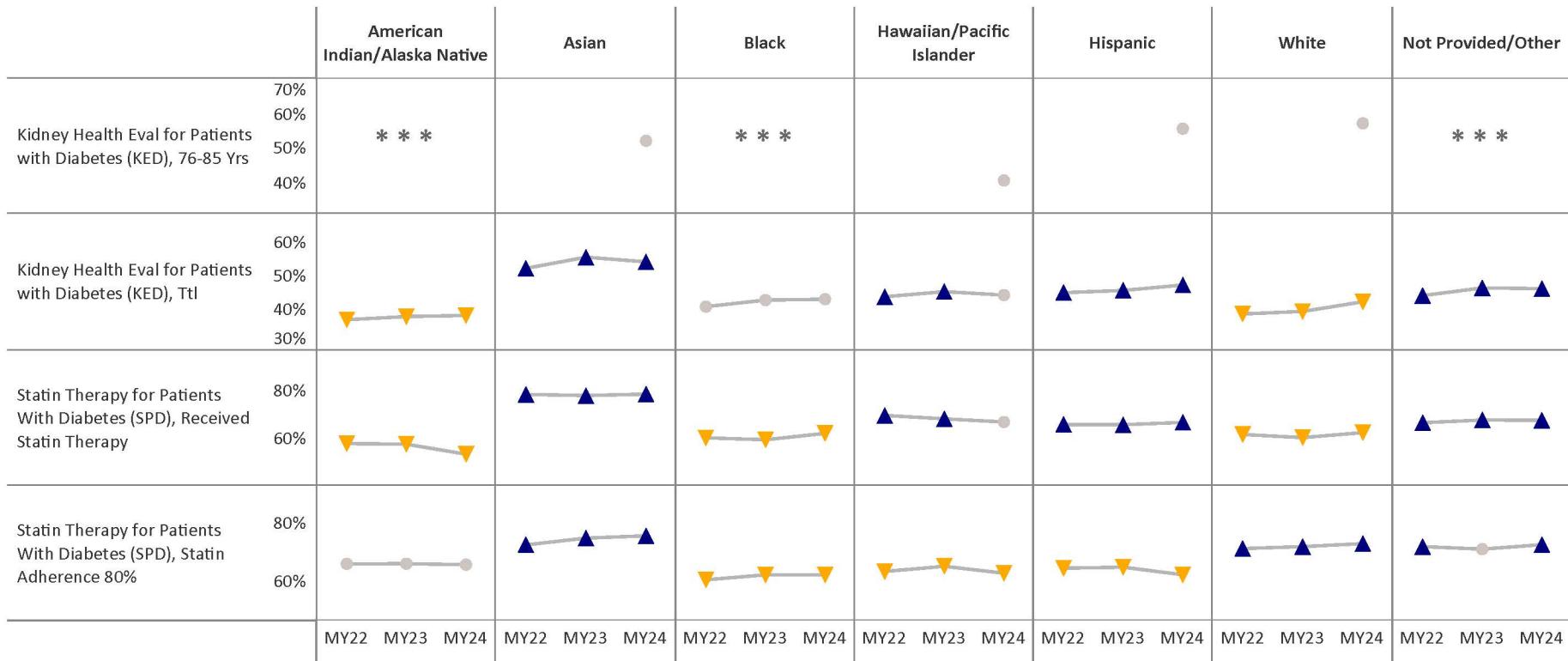
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Diabetes



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

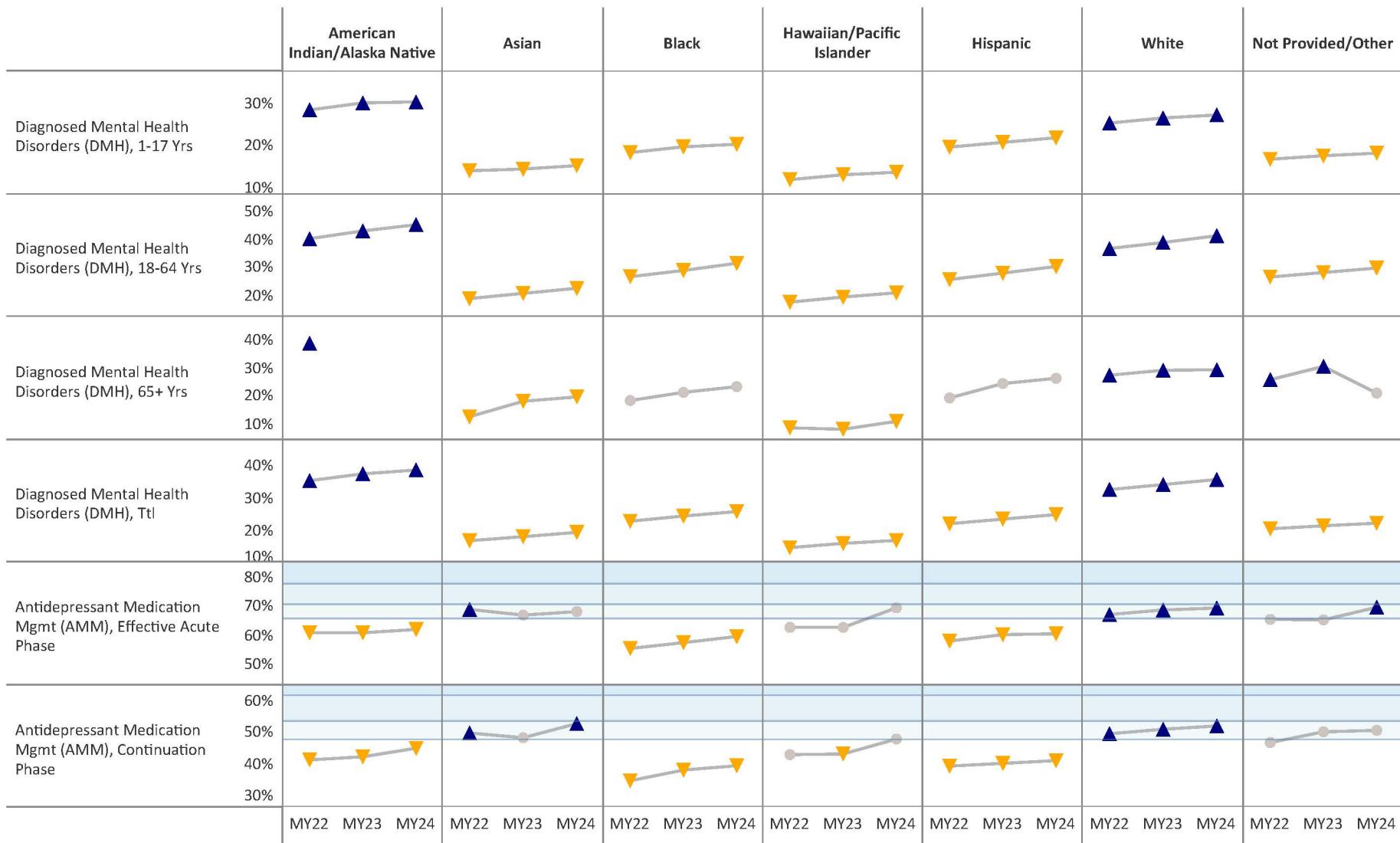
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

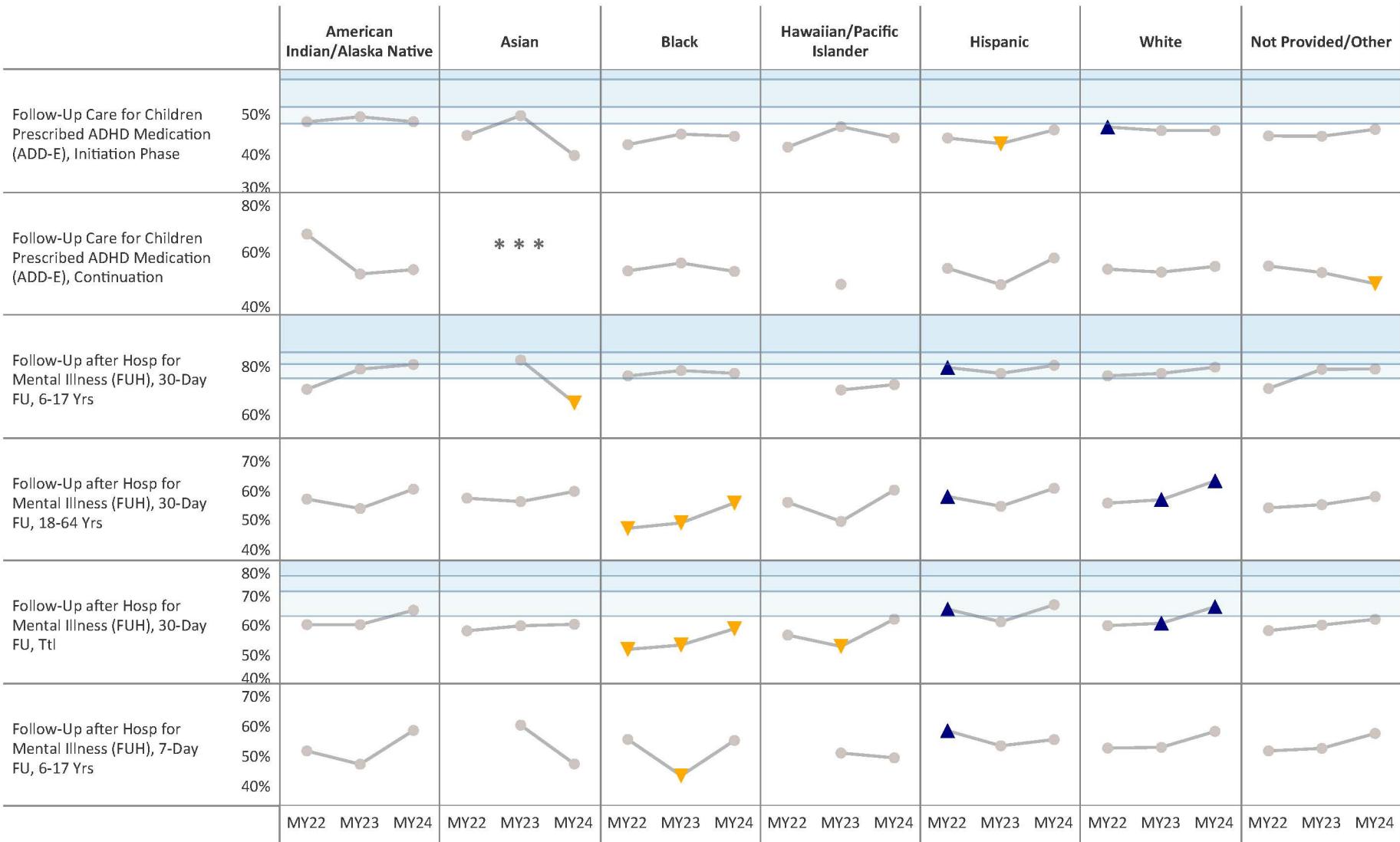
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

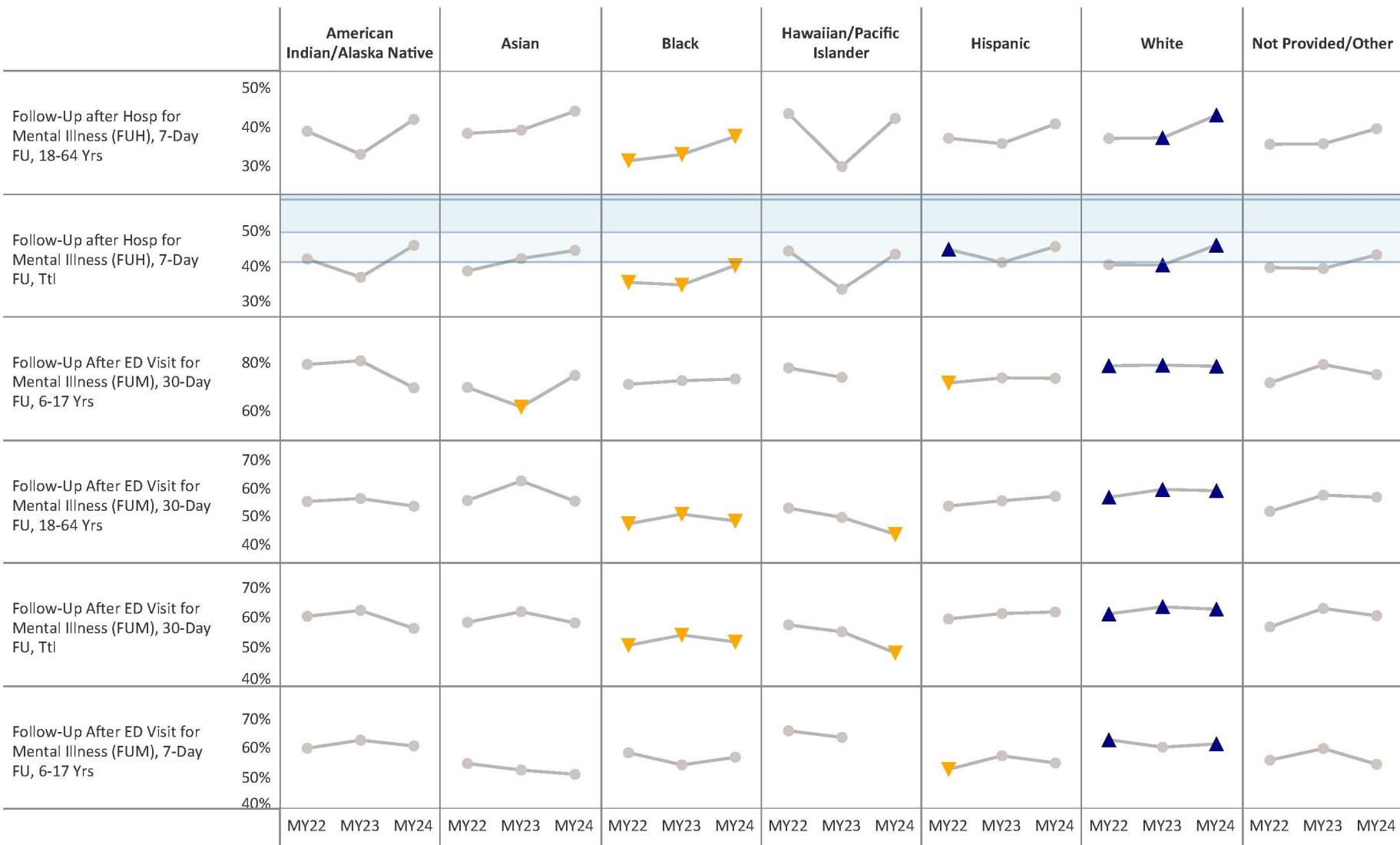
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

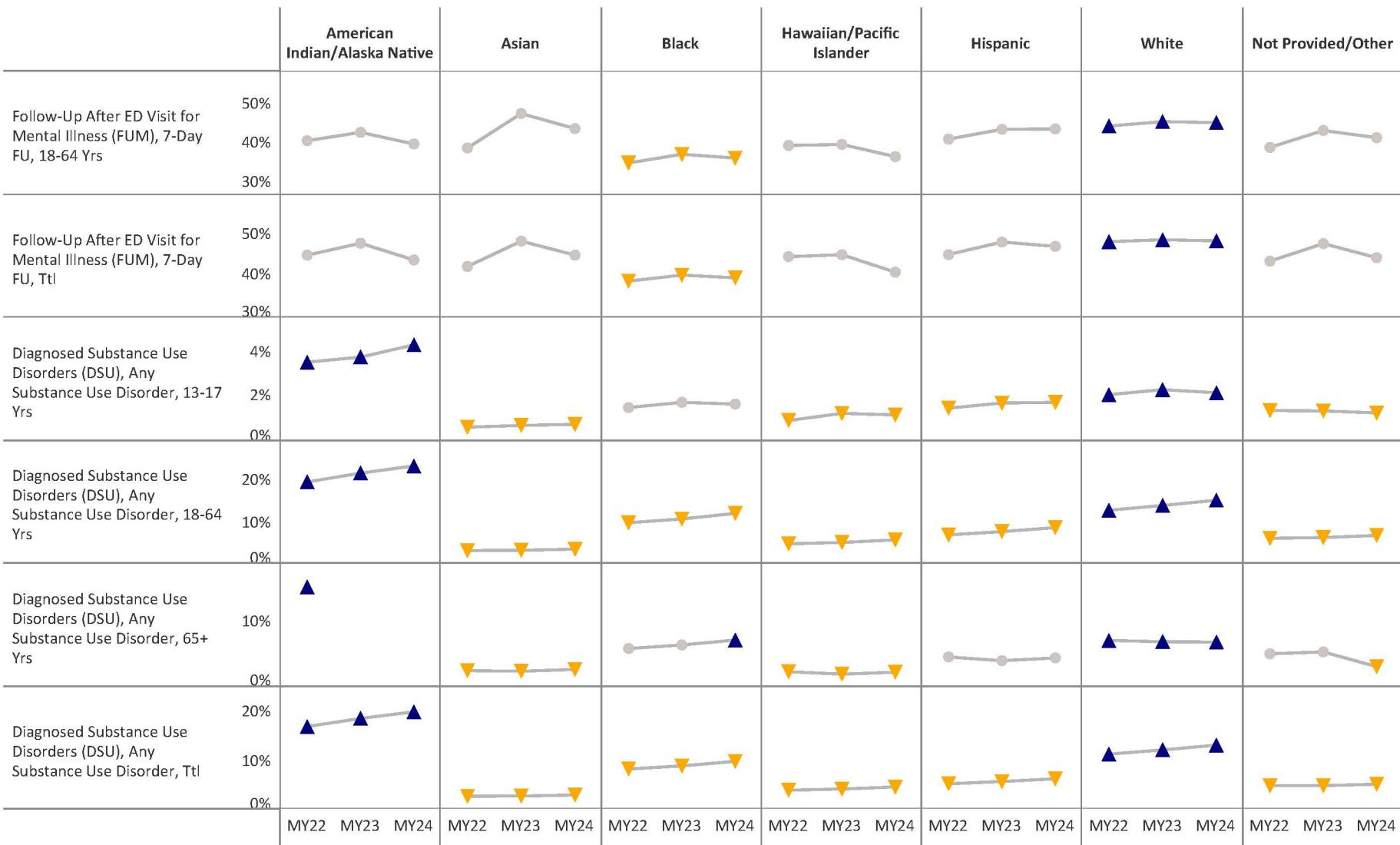
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Statistically significant lower rate than other race/ethnicities

Statistically significant lower rate than other races/ethnicities

Not enough data to report * * *

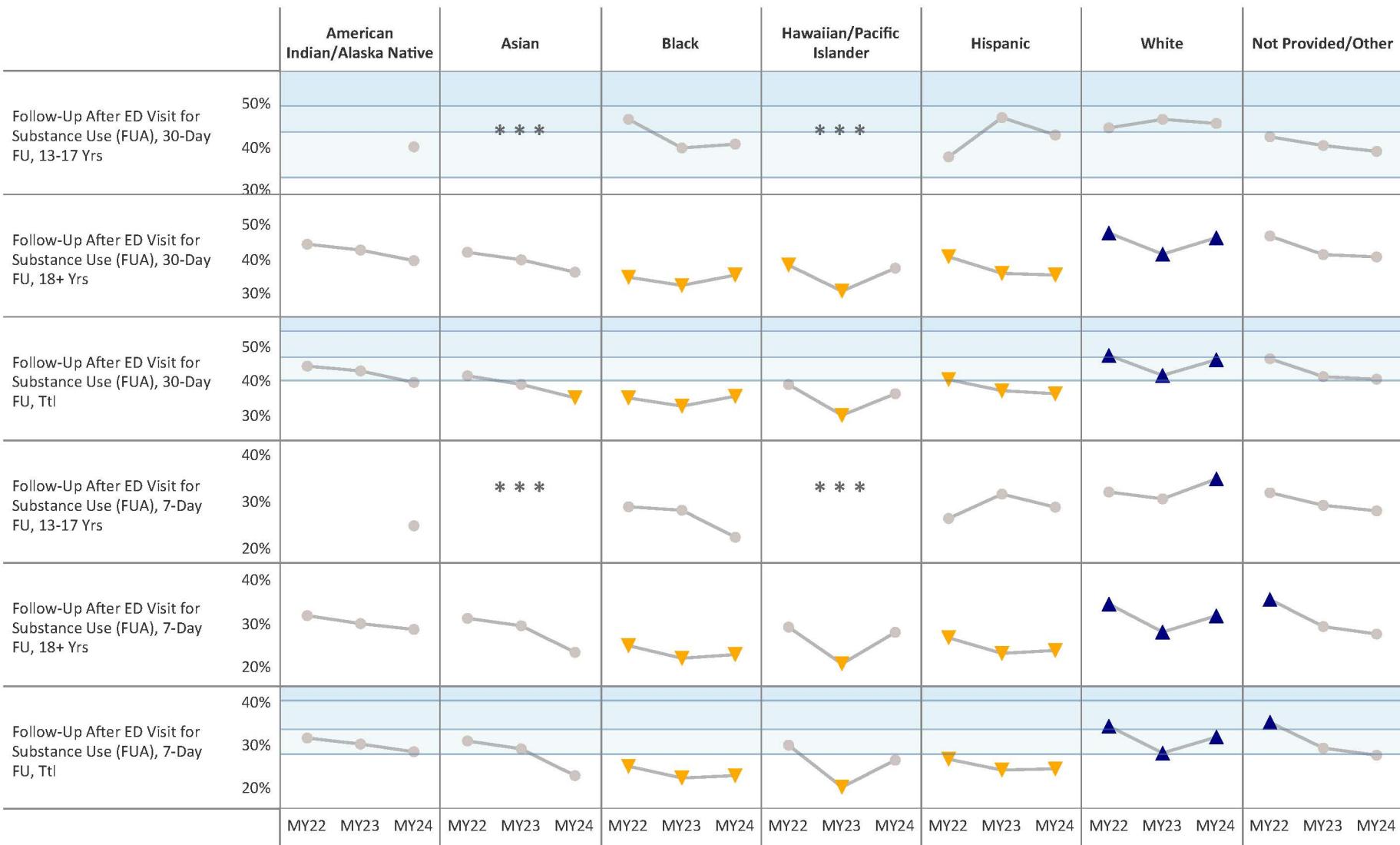
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

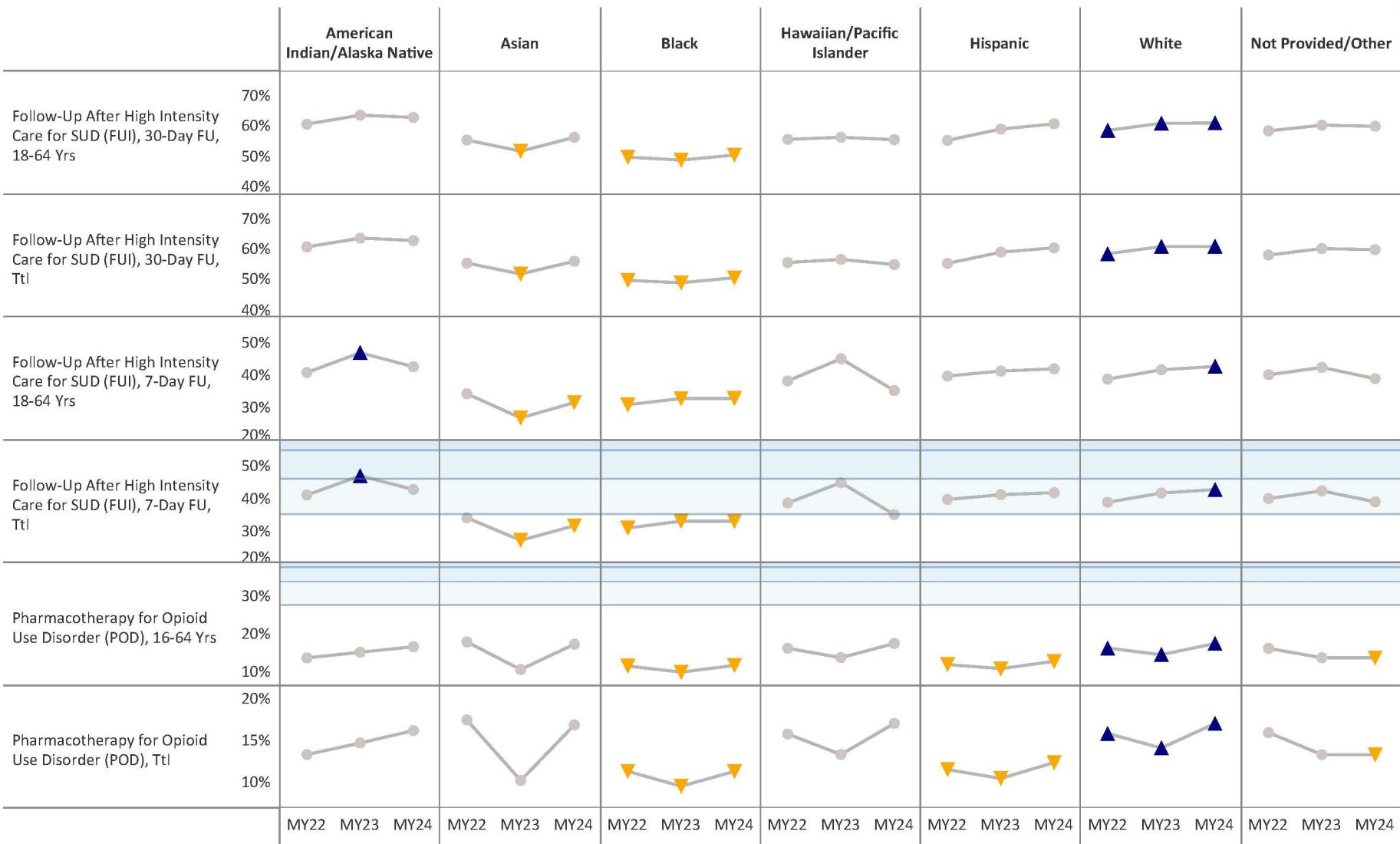
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Statistically significant lower rate than other race/ethnicities

Statistically significant lower rate than other races/ethnicities

Not enough data to report * * *

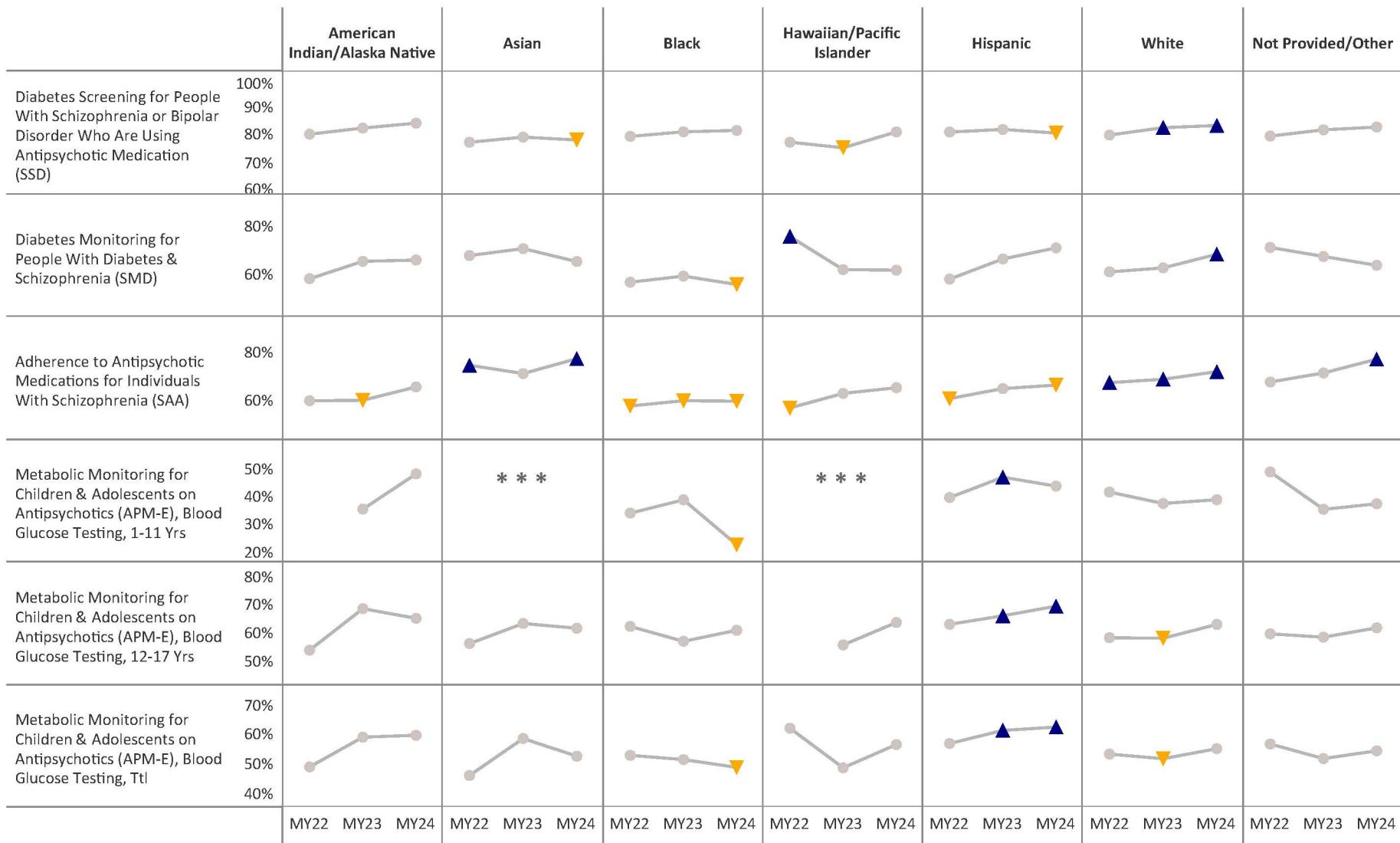
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

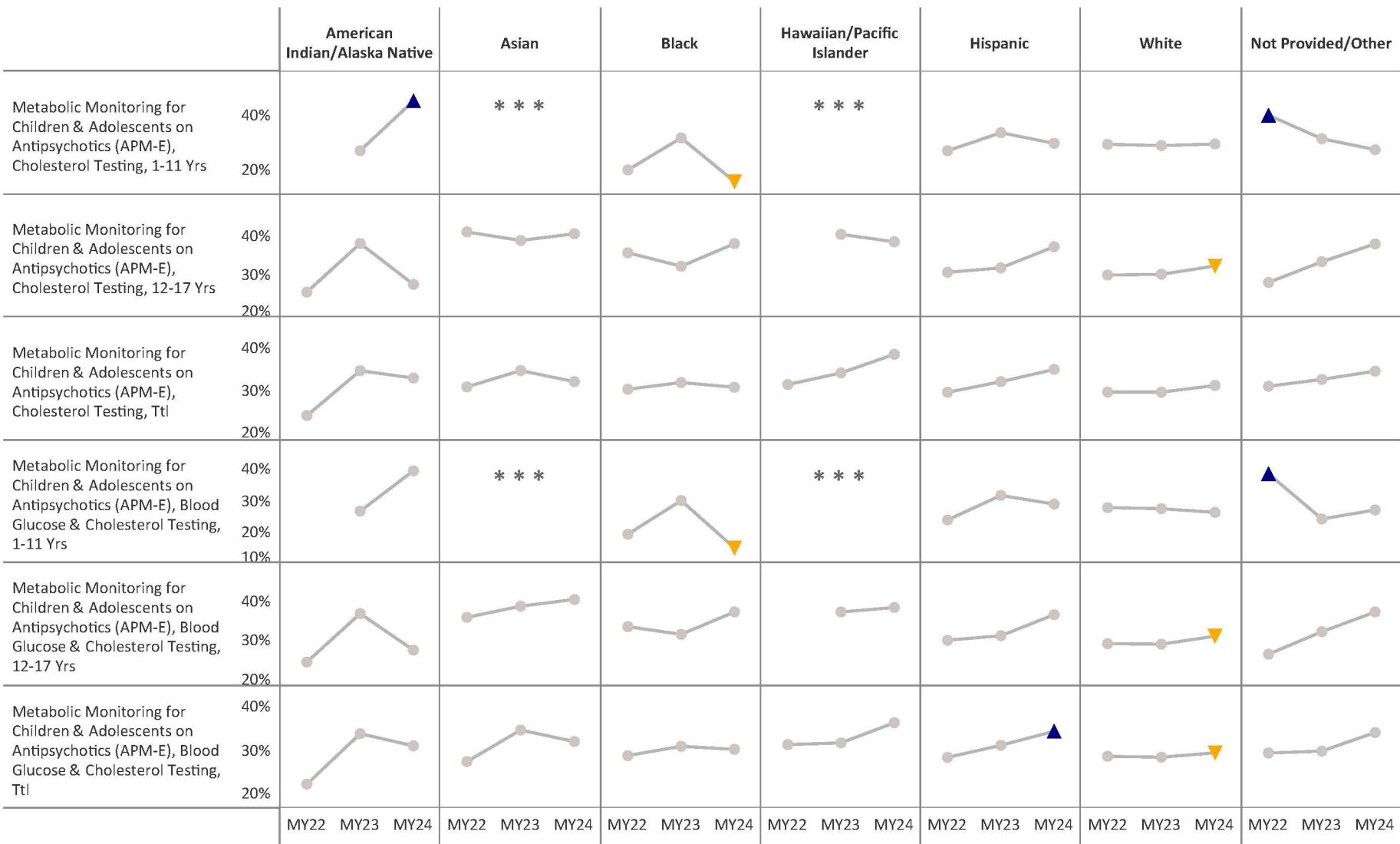
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Statistically significant lower rate than other race/ethnicities

Statistically significant lower rate than other races/ethnicities

Not enough data to report * * *

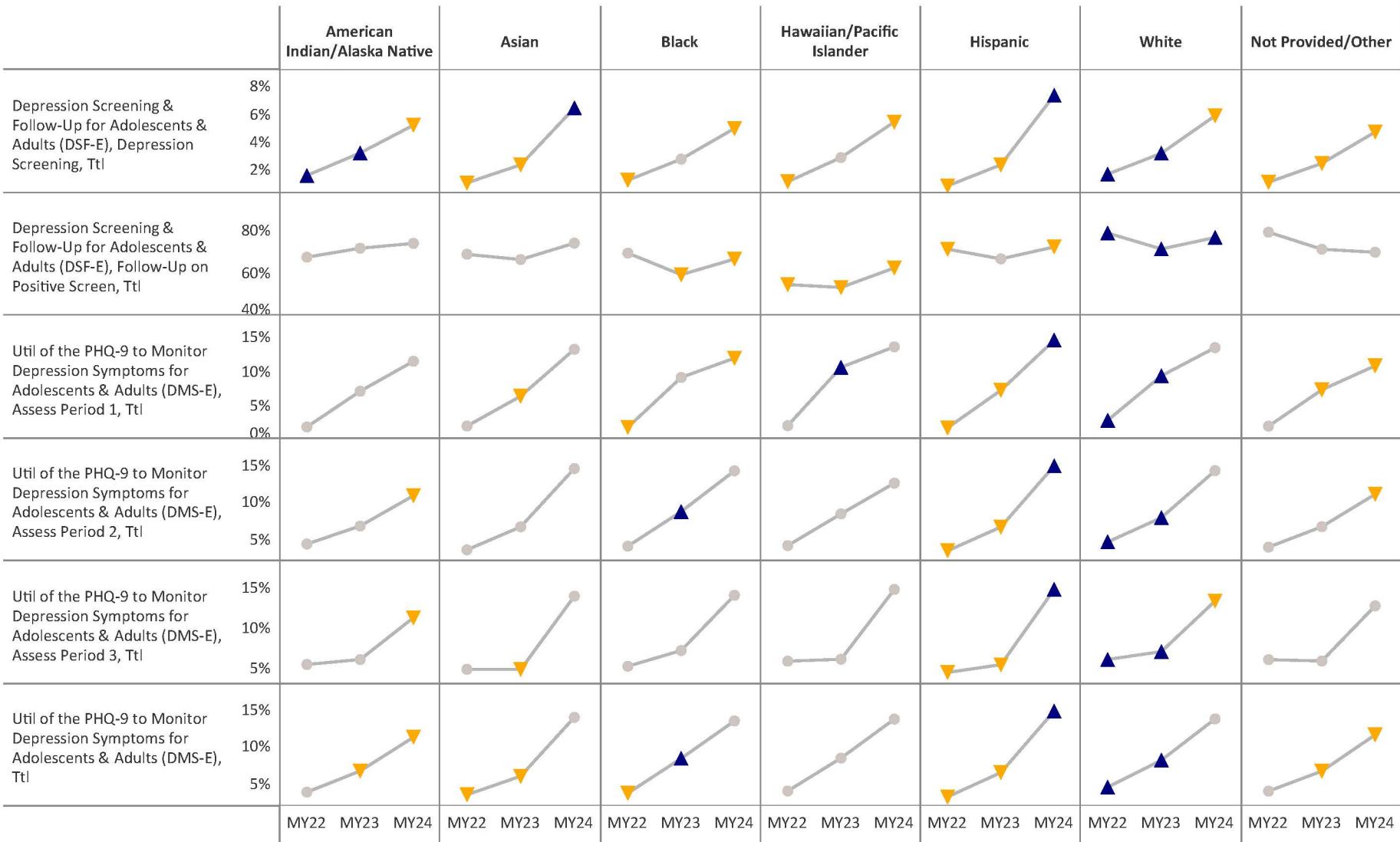
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

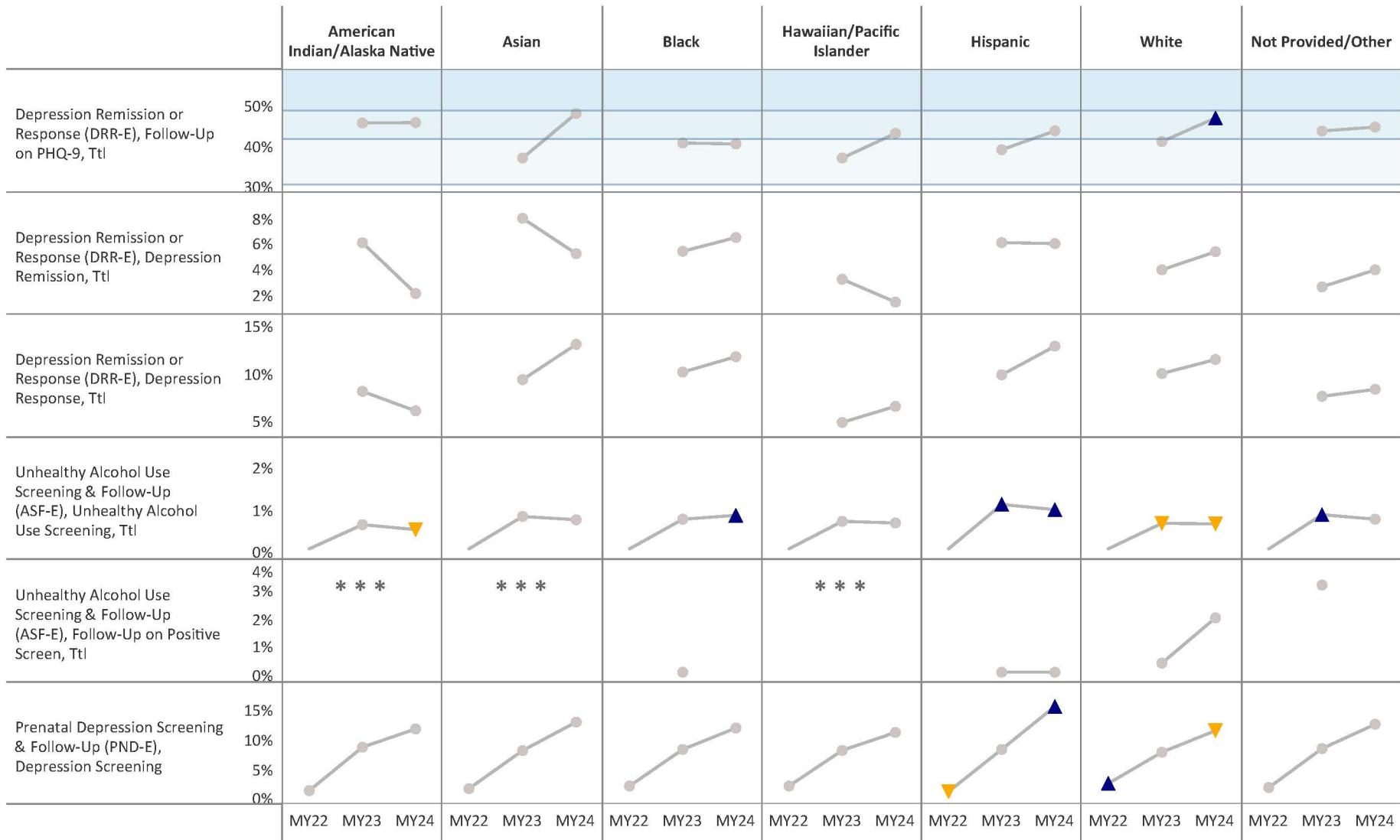
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Statistically significant lower rate than other race/ethnicities

Statistically significant lower rate than other races/ethnicities

Not enough data to report * * *

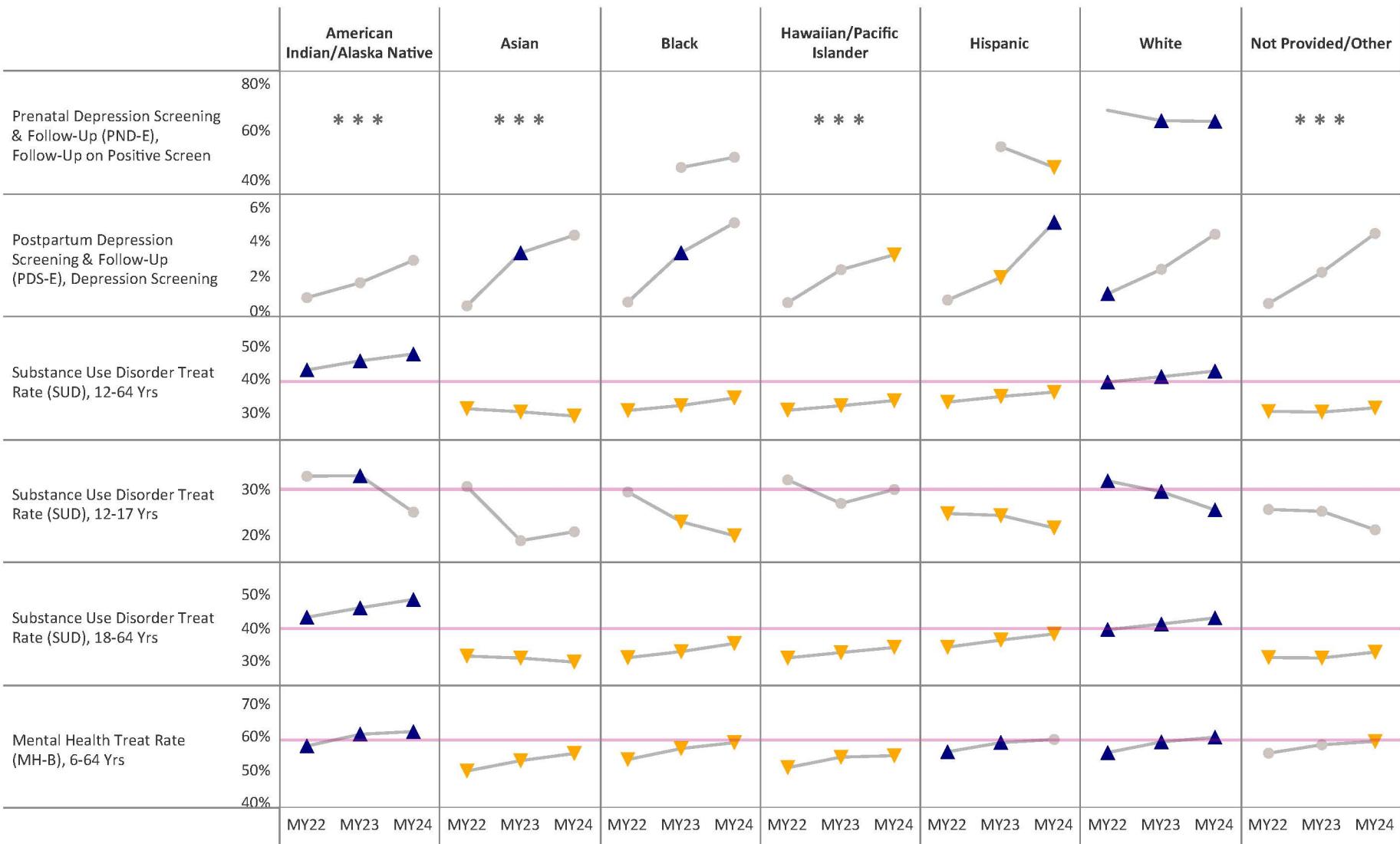
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

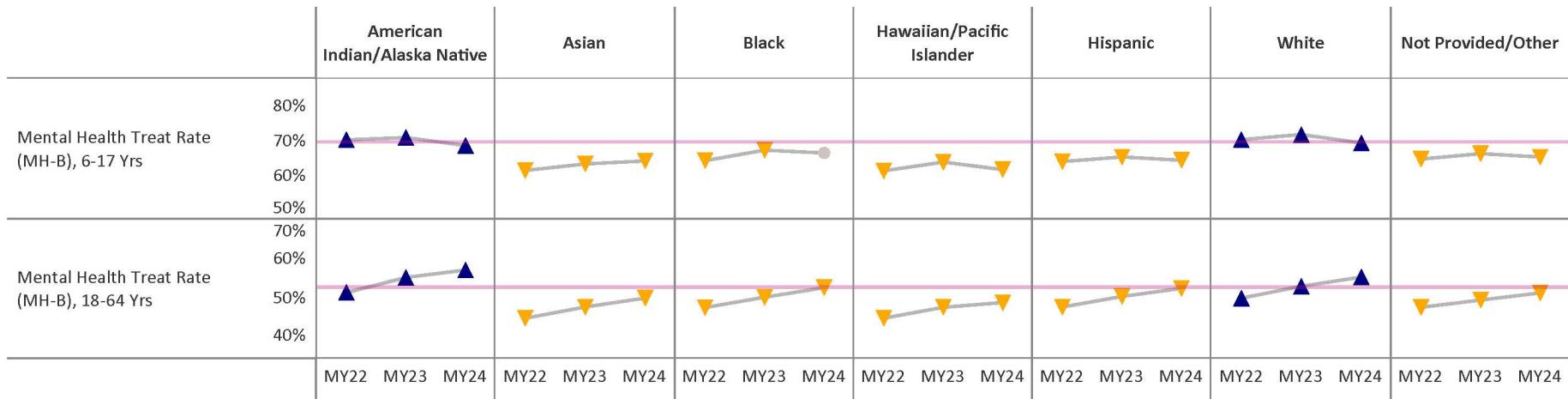
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Behavioral Health



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other race/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

Statistically significant lower rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

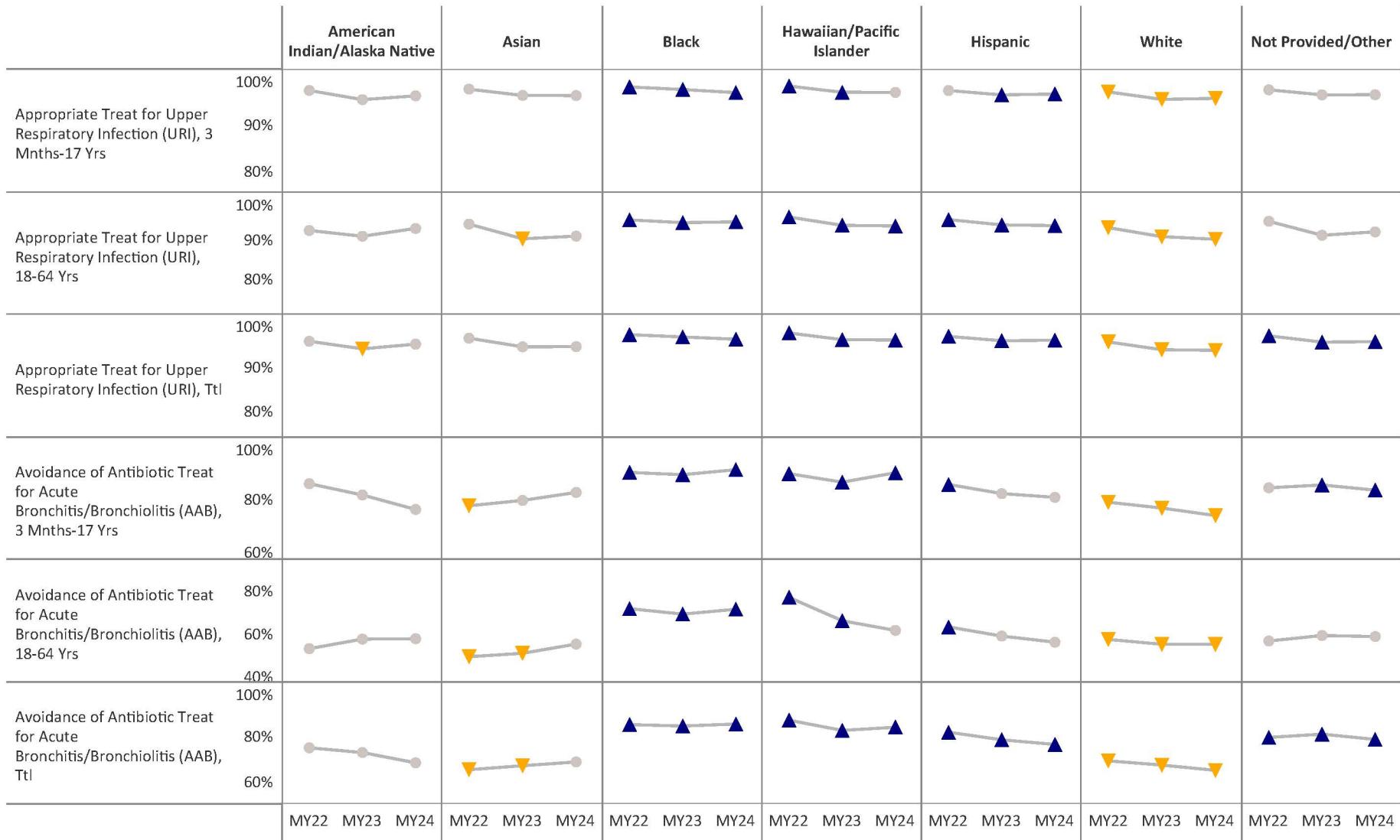
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

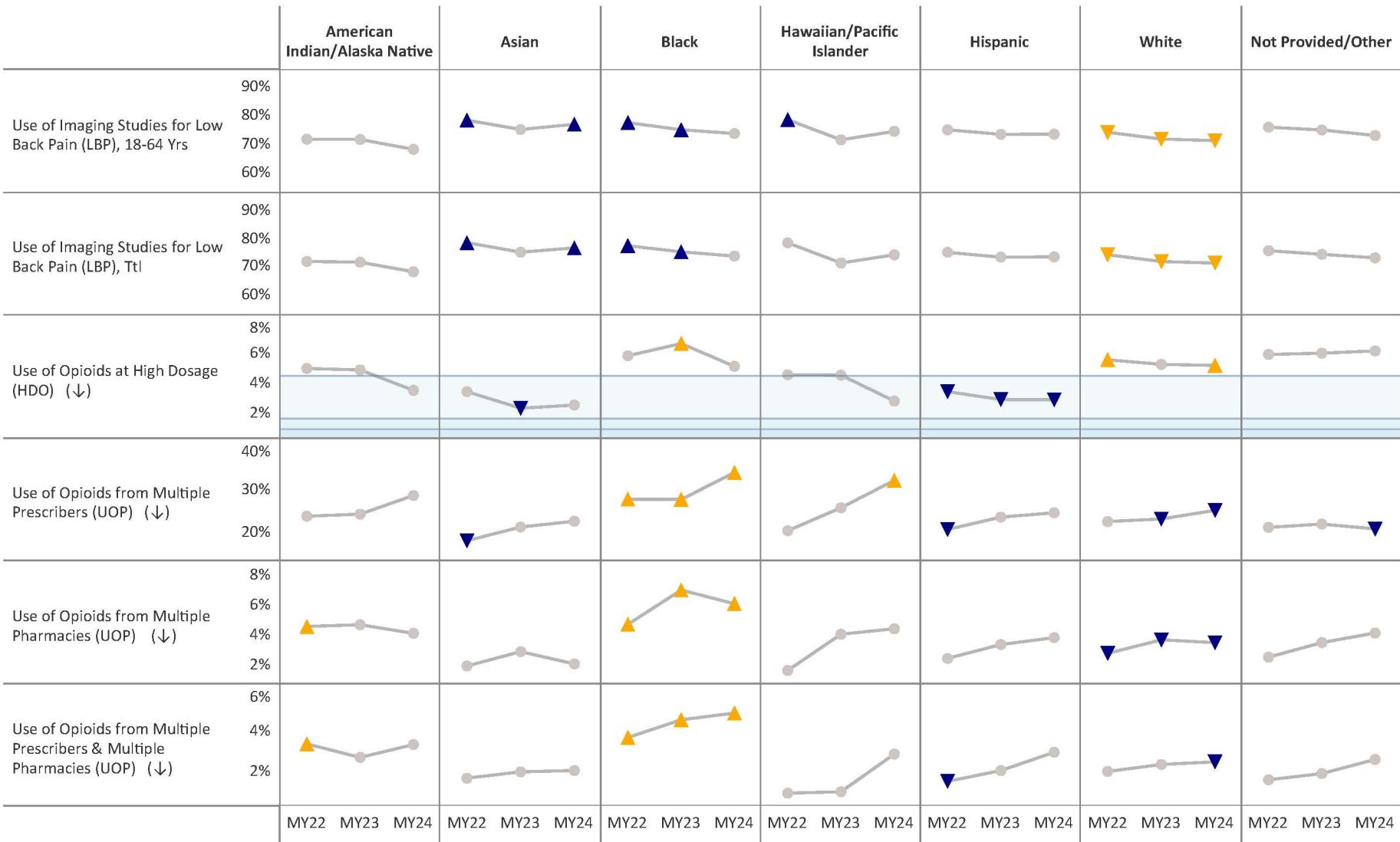
At or Better Than MY2024 Natl 50th Percentile

Overuse/Appropriateness



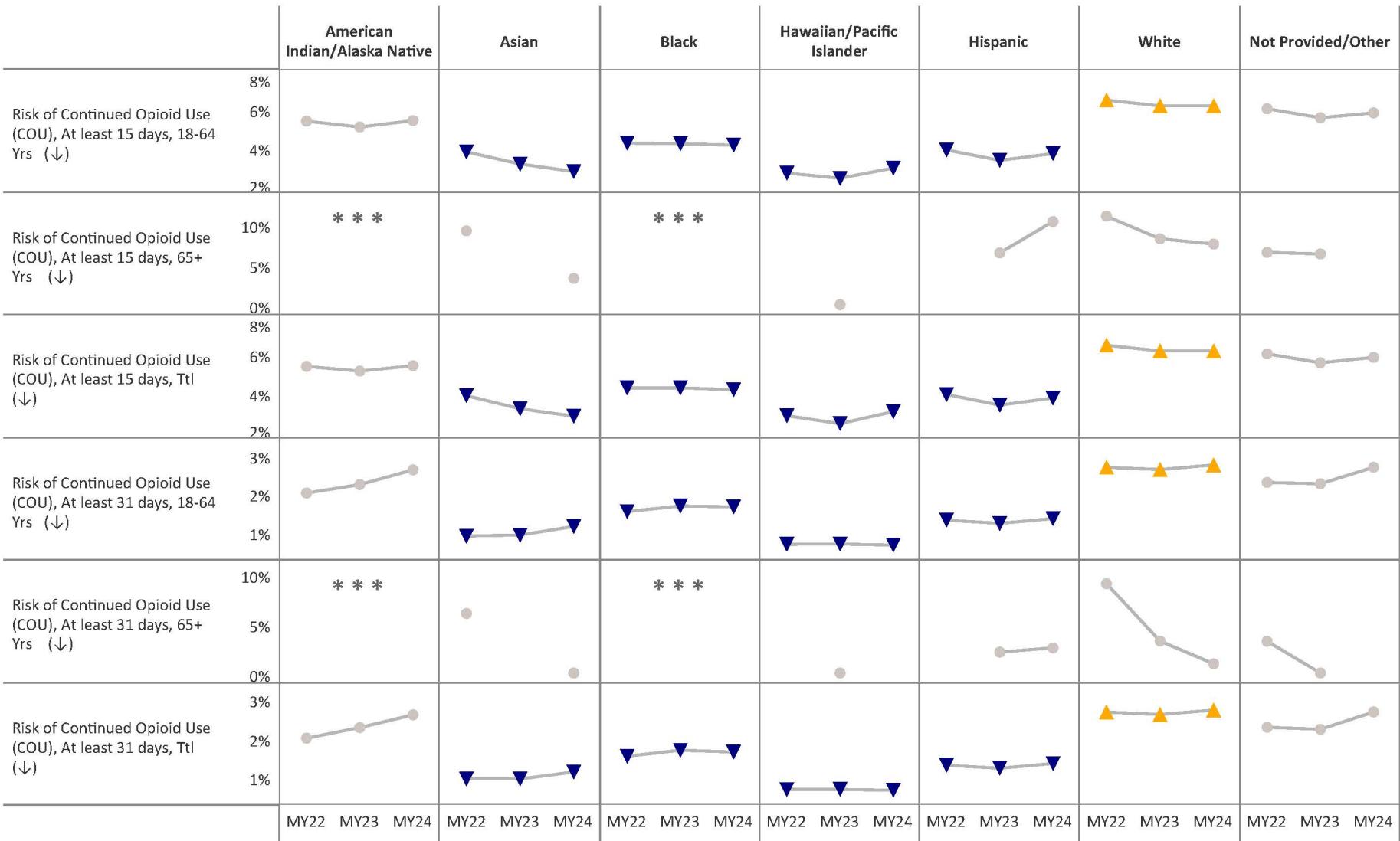


Overuse/Appropriateness



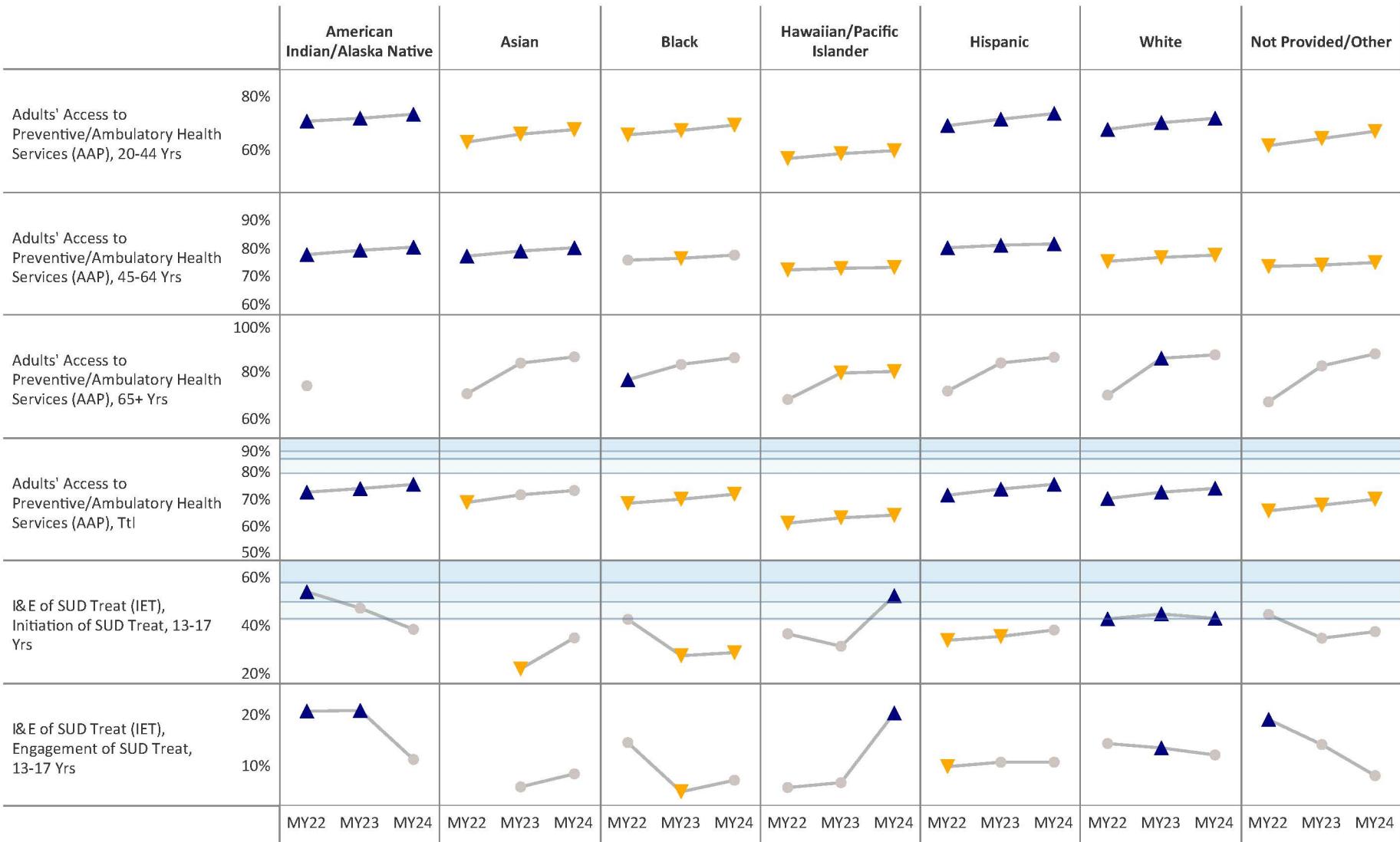


Overuse/Appropriateness





Access/Availability of Care



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

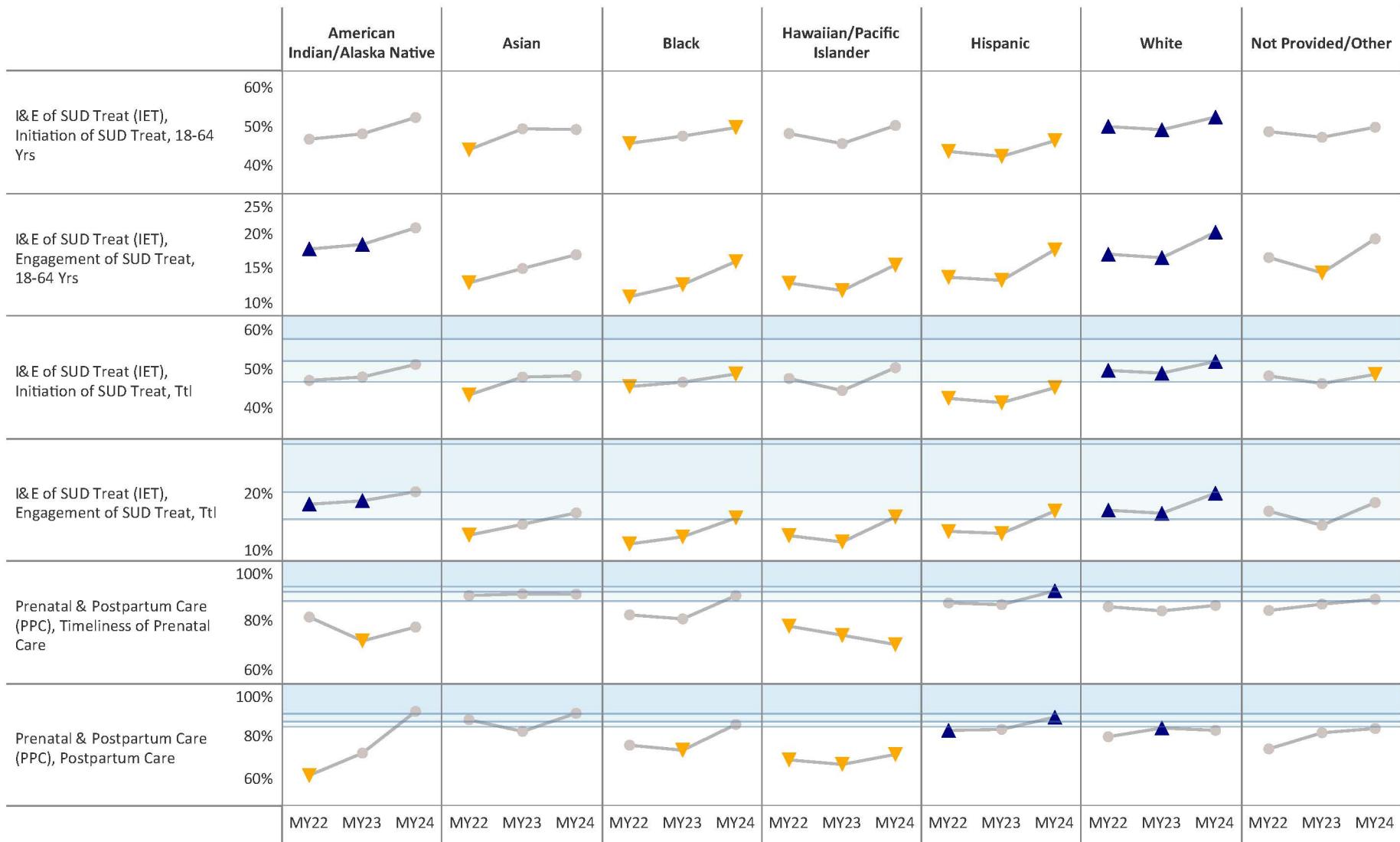
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Access/Availability of Care



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

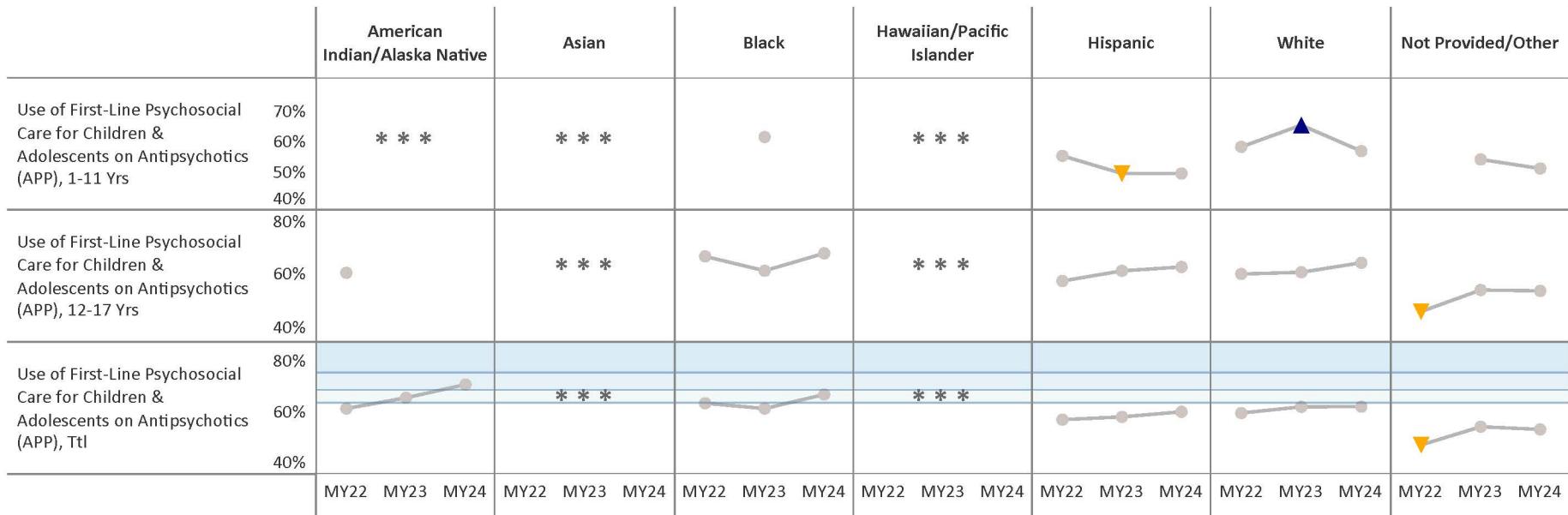
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Access/Availability of Care



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



No statistically significant differences

Not enough data to report * * *

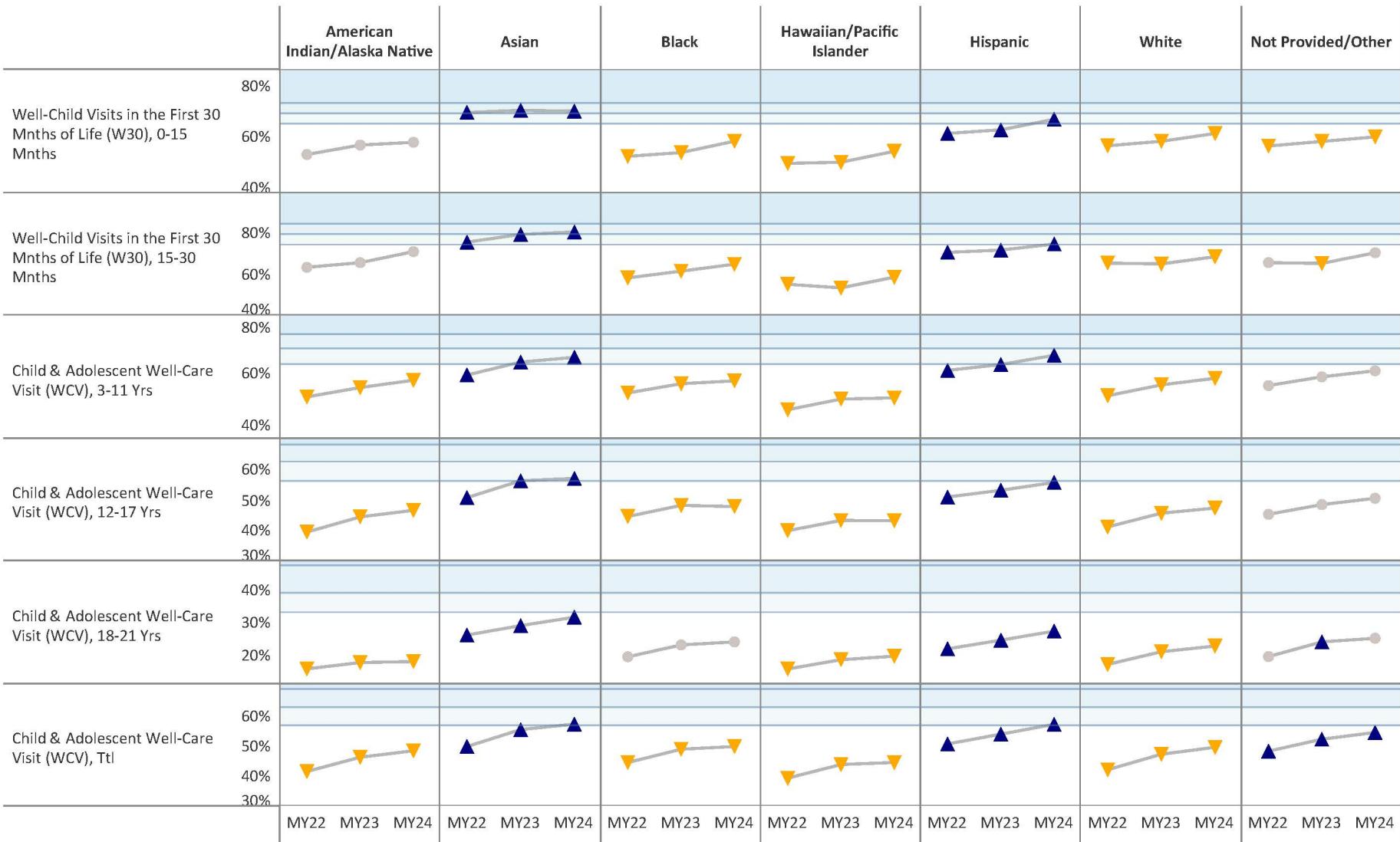
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Utilization



Measures with no preferred direction:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

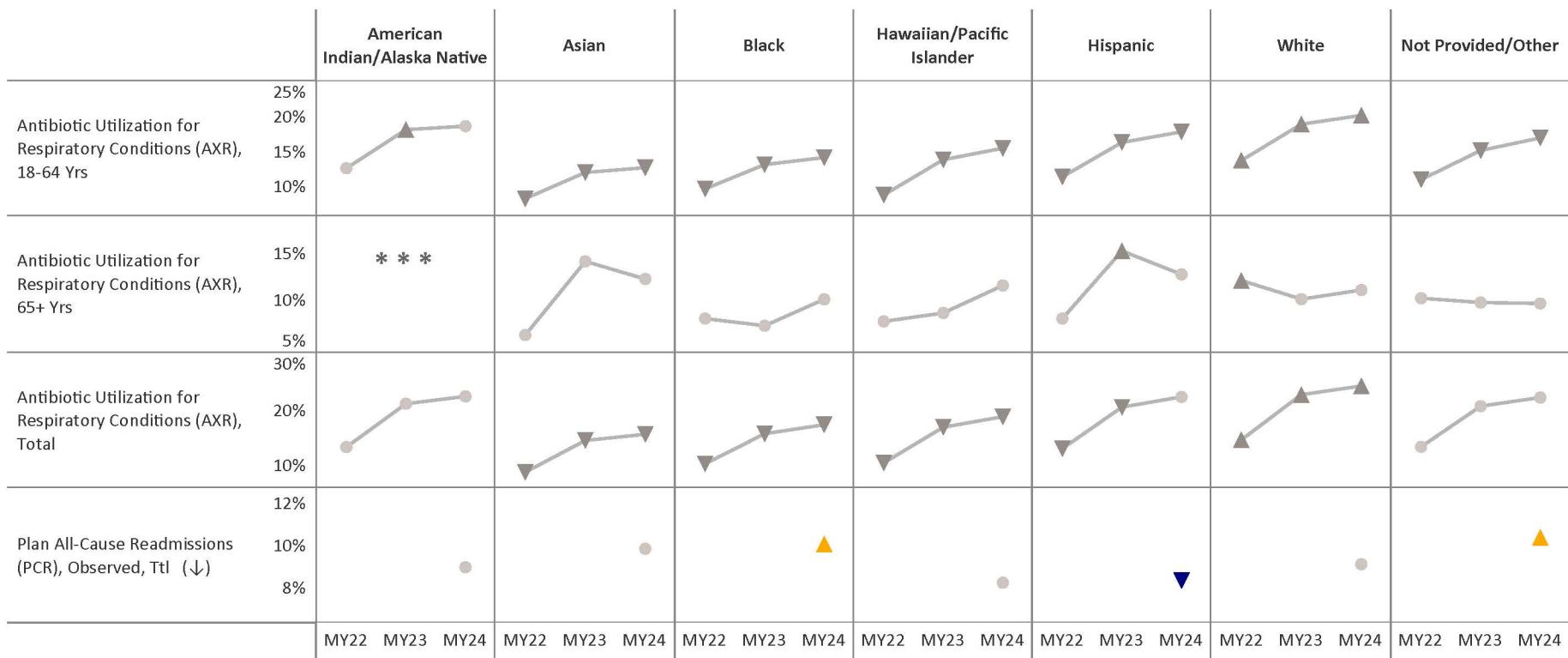
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

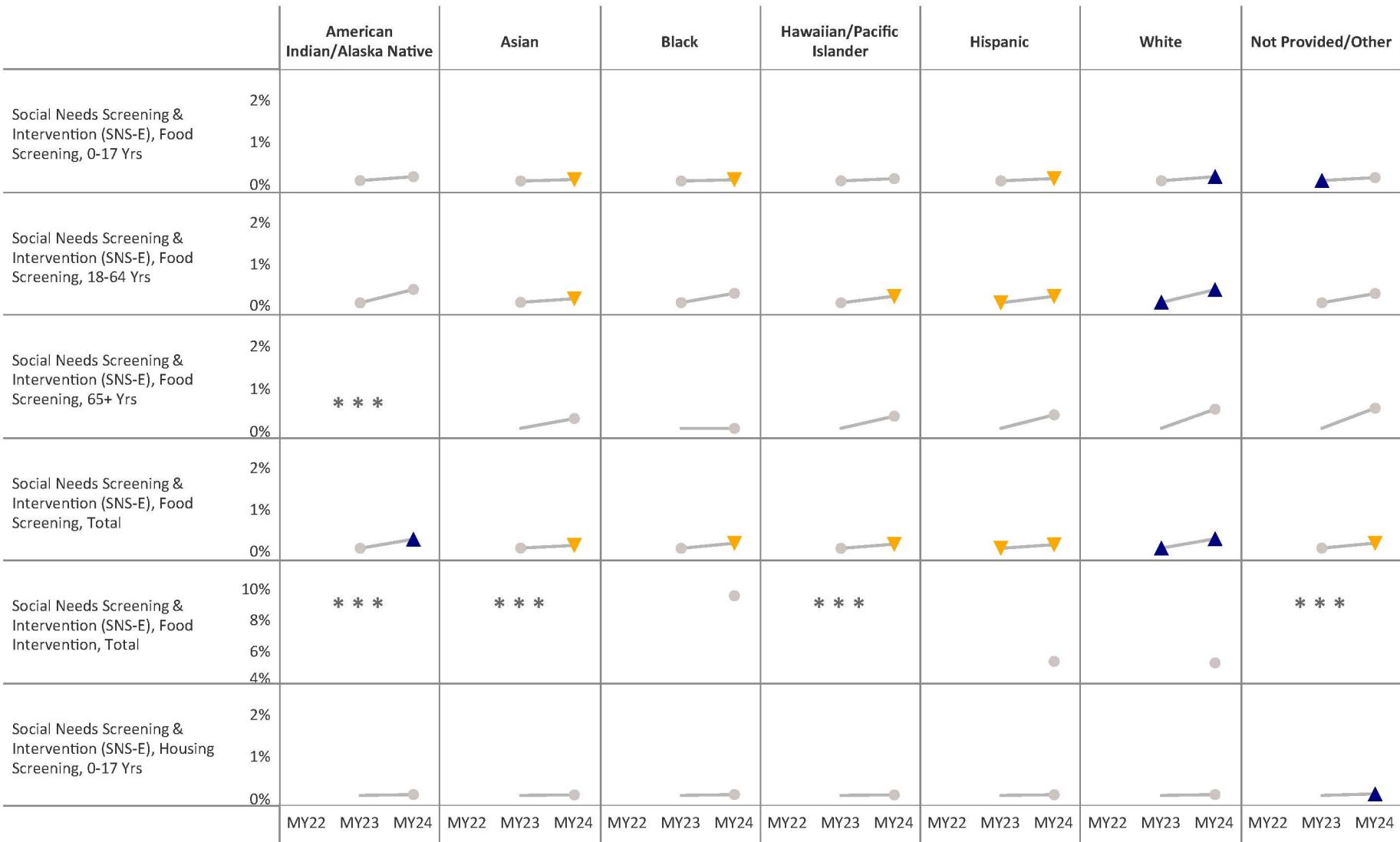
Utilization



(↓) For this measure lower scores are better.



Social Needs



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



No statistically significant differences

Not enough data to report * * *

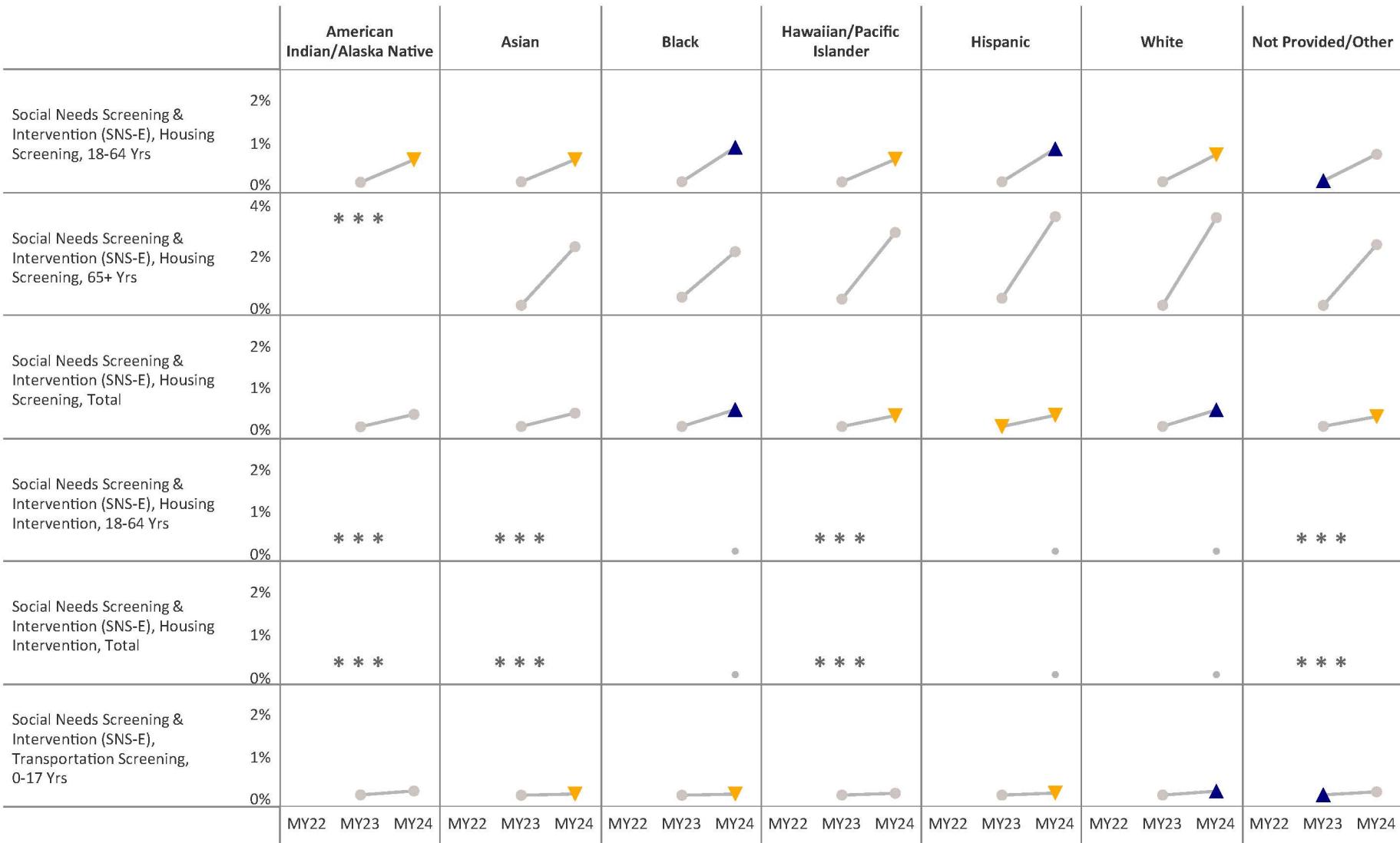
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Social Needs



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities



Measures where lower is better:

Statistically significant higher rate than other races/ethnicities



Statistically significant lower rate than other race/ethnicities



Statistically significant lower rate than other races/ethnicities



No statistically significant differences

Not enough data to report * * *

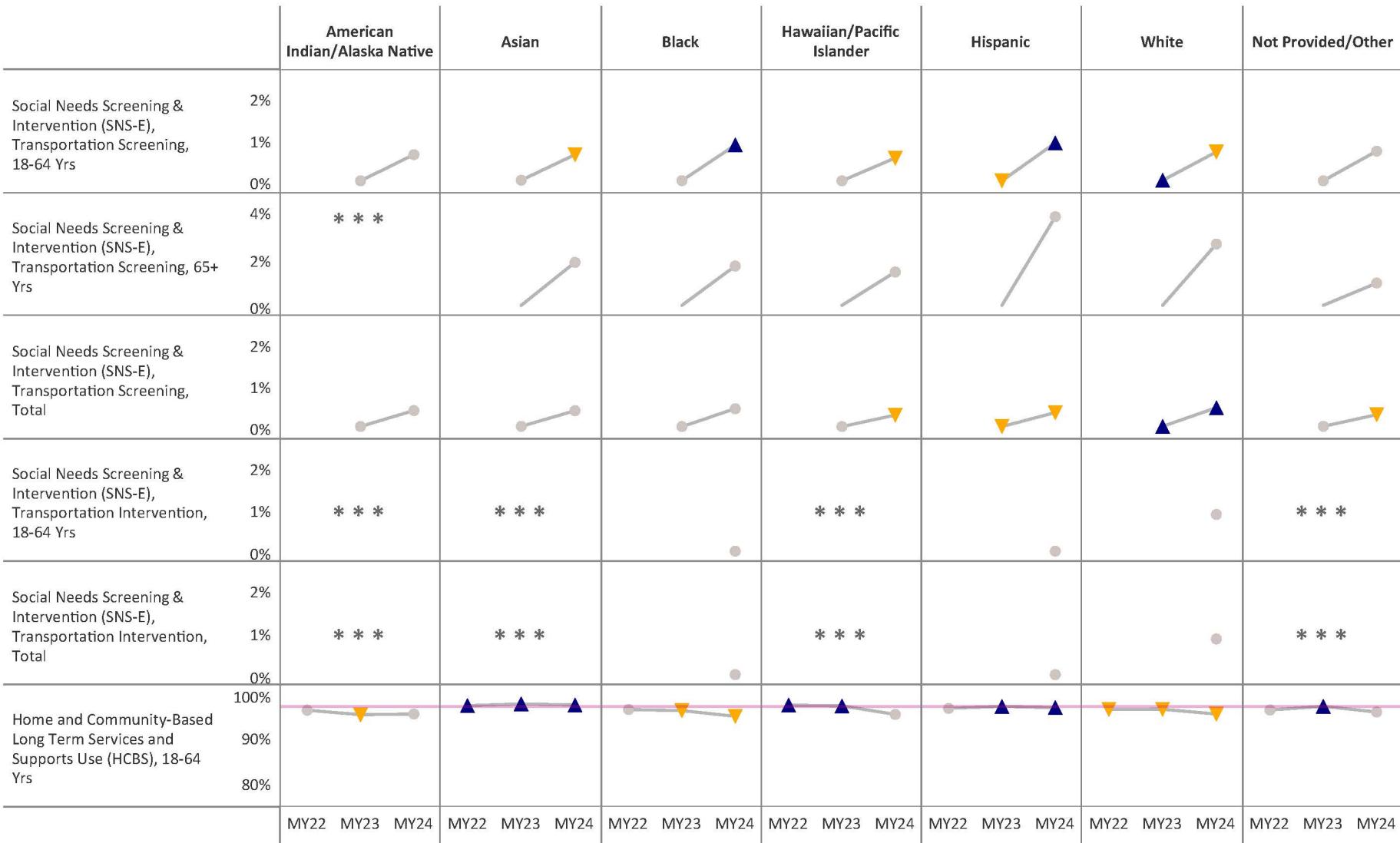
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Social Needs



Measures where higher is better:

Statistically significant higher rate than other races/ethnicities

Measures where lower is better:

Statistically significant higher rate than other races/ethnicities

No statistically significant differences

Not enough data to report * * *

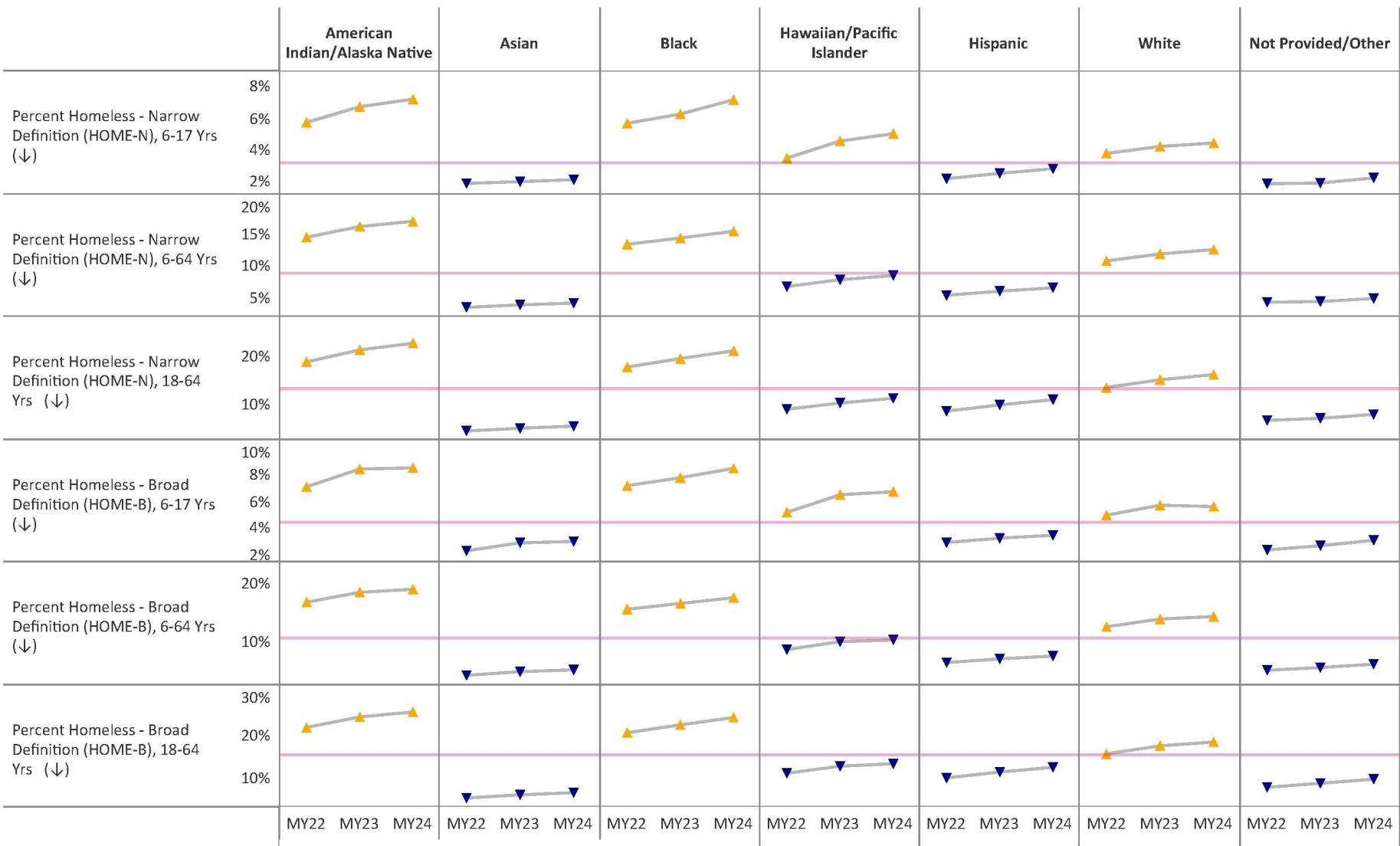
RDA Benchmark

At or Better Than MY2024 Natl 90th Percentile

At or Better Than MY2024 Natl 75th Percentile

At or Better Than MY2024 Natl 50th Percentile

Social Needs



Appendix C: Measure Comparison by Apple Health Program, MY2024

Appendix C contains measure comparisons by Apple Health Program for all measures with sufficient denominators.

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Prevention and Screening

	Adult Programs	Child Programs				MY2024 Statewide Weighted Average		
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)
Weight Assess & Counseling for Children & Adolescents (WCC), BMI, 3-11 Yrs	NR	NR	NR	76.5%	81.5%	91.2%	72.9%	79.4%
Weight Assess & Counseling for Children & Adolescents (WCC), BMI, 12-17 Yrs	NR	NR	NR	***	84.7%	83.9%	78.0%	82.8%
Weight Assess & Counseling for Children & Adolescents (WCC), BMI, Ttl	NR	NR	NR	83.2%	82.5%	88.2%	75.0%	80.6%
Weight Assess & Counseling for Children & Adolescents (WCC), Nutrition, 3-11 Yrs	NR	NR	NR	61.7%	72.0%	76.9%	68.7%	71.5%
Weight Assess & Counseling for Children & Adolescents (WCC), Nutrition, 12-17 Yrs	NR	NR	NR	***	69.2%	77.4%	75.0%	70.9%
Weight Assess & Counseling for Children & Adolescents (WCC), Nutrition, Ttl	NR	NR	NR	66.7%	71.0%	77.0%	71.2%	71.3%
Weight Assess & Counseling for Children & Adolescents (WCC), Physical Activity, 3-11 Yrs	NR	NR	NR	52.8%	64.2%	64.7%	60.3%	63.0%
Weight Assess & Counseling for Children & Adolescents (WCC), Physical Activity, 12-17 Yrs	NR	NR	NR	***	68.2%	77.4%	75.0%	68.7%
Weight Assess & Counseling for Children & Adolescents (WCC), Physical Activity, Ttl	NR	NR	NR	61.1%	65.7%	69.9%	66.2%	65.1%
Childhood Immunization Status (CIS), DTaP	NR	NR	NR	***	68.2%	***	82.5%	66.0%
Childhood Immunization Status (CIS), IPV	NR	NR	NR	***	83.9%	***	97.5%	82.3%
Childhood Immunization Status (CIS), MMR	NR	NR	NR	***	82.4%	***	95.0%	80.3%
Childhood Immunization Status (CIS), Hib	NR	NR	NR	***	83.2%	***	95.0%	81.5%
Childhood Immunization Status (CIS), Hepatitis B	NR	NR	NR	***	85.0%	***	95.0%	83.2%
Childhood Immunization Status (CIS), VZV	NR	NR	NR	***	81.7%	***	92.5%	79.6%
Childhood Immunization Status (CIS), Pneumococcal	NR	NR	NR	***	67.5%	***	75.0%	65.4%
Childhood Immunization Status (CIS), Hepatitis A	NR	NR	NR	***	79.2%	***	87.5%	76.1%
Childhood Immunization Status (CIS), Rotavirus	NR	NR	NR	***	66.0%	***	65.0%	64.0%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs



Measures where lower is better:

Statistically significant higher rate than other programs



Statistically significant lower rate than other programs



Statistically significant lower rate than other programs



Prevention and Screening

	Adult Programs	Child Programs				MY2024 Statewide Weighted Average		
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)
Childhood Immunization Status (CIS), Influenza	NR	NR	NR	***	39.3%	***	57.5%	37.2%
Childhood Immunization Status (CIS), Combo 3	NR	NR	NR	***	61.7%	***	72.5%	59.4%
Childhood Immunization Status (CIS), Combo 7	NR	NR	NR	***	53.5%	***	60.0%	50.9%
Childhood Immunization Status (CIS), Combo 10	NR	NR	NR	***	29.6%	***	47.5%	27.7%
Childhood Immunization Status (CIS-E), DTaP	***	***	***	73.5%	64.9%	72.0%	80.2%	65.3%
Childhood Immunization Status (CIS-E), IPV	***	***	***	84.5%	79.7%	79.5%	90.0%	80.0%
Childhood Immunization Status (CIS-E), MMR	***	***	***	87.7%	78.2%	78.7%	91.4%	78.6%
Childhood Immunization Status (CIS-E), Hib	***	***	***	86.4%	79.5%	79.7%	89.0%	79.7%
Childhood Immunization Status (CIS-E), Hepatitis B	***	***	***	85.2%	79.7%	78.0%	91.4%	80.0%
Childhood Immunization Status (CIS-E), VZV	***	***	***	85.2%	77.7%	77.5%	90.7%	78.0%
Childhood Immunization Status (CIS-E), Pneumococcal	***	***	***	66.0%	63.1%	71.2%	77.0%	63.5%
Childhood Immunization Status (CIS-E), Hepatitis A	***	***	***	80.9%	74.9%	74.5%	88.4%	75.2%
Childhood Immunization Status (CIS-E), Rotavirus	***	***	***	40.7%	61.8%	69.0%	68.7%	62.0%
Childhood Immunization Status (CIS-E), Influenza	***	***	***	50.6%	34.0%	41.1%	56.3%	34.7%
Childhood Immunization Status (CIS-E), Combo 3	***	***	***	61.7%	55.7%	65.2%	72.4%	56.2%
Childhood Immunization Status (CIS-E), Combo 7	***	***	***	35.2%	48.3%	59.2%	62.6%	48.8%
Childhood Immunization Status (CIS-E), Combo 10	***	***	***	22.8%	25.0%	34.8%	43.0%	25.4%
Immunizations for Adolescents (IMA), Meningococcal	NR	NR	NR	68.0%	68.0%	75.2%	78.0%	67.4%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Statistically significant lower rate than other programs

▲

▼

▲

▼

Prevention and Screening

	Adult Programs				Child Programs			MY2024 Statewide Weighted Average
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	
Immunizations for Adolescents (IMA), Tdap	NR	NR	NR	74.0%	81.7%	87.0%	89.0%	81.5%
Immunizations for Adolescents (IMA), HPV	NR	NR	NR	26.0%	33.0%	33.5%	47.2% ▲	30.6%
Immunizations for Adolescents (IMA), Combo 1	NR	NR	NR	64.0%	67.7% ▼	75.2%	78.0%	66.4%
Immunizations for Adolescents (IMA), Combo 2	NR	NR	NR	22.0%	32.1%	33.5%	46.2% ▲	29.5%
Immunizations for Adolescents (IMA-E), Meningococcal	NR	NR	NR	71.5%	68.0% ▼	73.5% ▲	74.5% ▲	68.9%
Immunizations for Adolescents (IMA-E), Tdap	NR	NR	NR	84.7% ▲	81.4% ▼	87.5% ▲	84.2%	82.2%
Immunizations for Adolescents (IMA-E), HPV	NR	NR	NR	31.3%	31.5% ▼	36.2% ▲	37.0% ▲	32.2%
Immunizations for Adolescents (IMA-E), Combo 1	NR	NR	NR	70.7%	67.5% ▼	73.0% ▲	74.0% ▲	68.4%
Immunizations for Adolescents (IMA-E), Combo 2	NR	NR	NR	30.0%	30.6% ▼	35.3% ▲	35.8% ▲	31.4%
Lead Screening in Children (LSC)	NR	NR	NR	***	43.0% ▲	***	39.6%	41.9%
Breast Cancer Screening (BCS-E), Ttl	50.5% ▲	43.2% ▼	47.6%	NR	NR	NR	NR	48.7%
Cervical Cancer Screening (CCS)	49.1% ▼	48.1%	62.0% ▲	NR	NR	NR	***	52.6%
Cervical Cancer Screening (CCS-E)	45.6% ▼	42.2% ▼	52.7% ▲	NR	***	NR	41.6%	47.1%
Colorectal Cancer Screening (COL-E), 46-50 Yrs	27.1% ▼	31.1% ▲	30.1% ▲	NR	NR	NR	NR	28.0%
Colorectal Cancer Screening (COL-E), 51-75 Yrs	40.1% ▼	41.6% ▲	41.3%	NR	NR	NR	NR	40.5%
Colorectal Cancer Screening (COL-E), Ttl	36.8% ▼	40.1% ▲	35.2% ▼	NR	NR	NR	NR	37.4%
Chlamydia Screening in Women (CHL), 16-20 Yrs	50.7% ▲	37.7% ▼	66.0% ▲	24.3% ▼	39.1% ▼	32.8% ▼	47.3% ▲	43.4%
Chlamydia Screening in Women (CHL), 21-24 Yrs	56.7% ▼	41.8% ▼	63.2% ▲	NR	NR	NR	62.7% ▲	57.8%

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NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Prevention and Screening

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Chlamydia Screening in Women (CHL), Ttl	54.7%	40.6%	63.7%	24.3%	39.1%	32.8%	52.5%	49.8%
Topical Fluoride for Children (TFC), 1-2 Years	***	***	***	2.2%	2.2%	2.1%	2.3%	2.2%
Topical Fluoride for Children (TFC), 3-4 Years	***	***	***	0.1%	0.2%	0.5%	0.2%	0.3%
Topical Fluoride for Children (TFC), Total	***	***	***	0.6%	1.2%	1.3%	1.1%	1.2%
Adult Immunization Status (AIS-E), Influenza	16.3%	27.6%	14.9%	NR	***	NR	12.5%	17.4%
Adult Immunization Status (AIS-E), Td/Tdap	54.7%	60.8%	67.2%	NR	***	NR	67.7%	57.4%
Adult Immunization Status (AIS-E), Zoster	19.6%	21.1%	15.5%	NR	NR	NR	NR	19.8%
Adult Immunization Status (AIS-E), Pneumococcal	NR	54.0%	***	NR	NR	NR	NR	54.0%
Prenatal Immunization Status (PRS-E), Influenza	30.1%	31.1%	29.1%	***	37.1%	***	31.8%	29.9%
Prenatal Immunization Status (PRS-E), Tdap	64.2%	63.8%	64.5%	***	68.7%	***	68.0%	64.5%
Prenatal Immunization Status (PRS-E), Combination	27.6%	28.6%	26.6%	***	32.8%	***	28.3%	27.4%

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Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Respiratory Conditions

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Appropriate Testing for Pharyngitis (CWP), 3-17 Yrs	88.0%	***	***	87.0% ▼	89.5%	90.5%	90.7%	89.6%
Appropriate Testing for Pharyngitis (CWP), 18-64 Yrs	84.0%	80.2% ▼	85.0% ▲	NR	85.2%	81.0%	84.0%	84.1%
Appropriate Testing for Pharyngitis (CWP), Ttl	84.0% ▼	79.9% ▼	85.0% ▼	87.0%	89.5% ▲	90.5% ▲	90.0% ▲	87.8%
Pharmacotherapy Mgmt of COPD Exacerbation (PCE), Systemic Corticosteroid	75.7%	77.7%	71.9%	NR	NR	NR	NR	76.6%
Pharmacotherapy Mgmt of COPD Exacerbation (PCE), Bronchodilator	84.2% ▼	89.5% ▲	80.9%	NR	NR	NR	NR	86.8%
Asthma Medication Ratio (AMR), 5-11 Yrs	NR	NR	NR	76.9%	82.0%	87.2%	***	82.2%
Asthma Medication Ratio (AMR), 12-18 Yrs	NR	***	NR	82.5%	77.4%	79.7%	***	77.8%
Asthma Medication Ratio (AMR), 19-50 Yrs	72.2%	77.7% ▲	67.0% ▼	NR	***	NR	***	72.2%
Asthma Medication Ratio (AMR), 51-64 Yrs	75.7% ▲	68.0% ▼	80.4%	NR	NR	NR	NR	73.8%
Asthma Medication Ratio (AMR), Ttl	73.4% ▼	73.4%	68.0% ▼	79.5%	79.9% ▲	83.0% ▲	77.2%	75.2%

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Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Cardiovascular Conditions

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Controlling High Blood Pressure (CBP)	66.0%	69.2%	62.0%	NR	***	NR	NR	66.2%
Persistence of Beta-Blocker Treat A"er a Heart Attack (PBH)	54.2%	52.8%	***	NR	NR	NR	NR	53.4%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 21-75 Yrs (M)	79.7%	84.9%	86.5%	NR	NR	NR	NR	81.6%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy, 40-75 Yrs (F)	78.5%	79.7%	80.9%	NR	NR	NR	NR	79.1%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Received Statin Therapy Ttl	79.4%	82.7%	84.2%	NR	NR	NR	NR	80.7%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 21-75 Yrs (M)	70.2%	74.2%	64.5%	NR	NR	NR	NR	71.2%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, 40-75 Yrs (F)	71.4%	73.4%	73.5%	NR	NR	NR	NR	72.3%
Statin Therapy for Patients With Cardiovascular Disease (SPC), Statin Adherence 80%, Ttl	70.5%	73.7%	68.0%	NR	NR	NR	NR	71.6%
Cardiac Rehabilitation (CRE), Initiation, Ttl	3.5%	1.5%	0.6%	NR	NR	NR	***	2.9%
Cardiac Rehabilitation (CRE), Engagement1, Ttl	3.2%	0.8%	2.7%	NR	NR	NR	***	2.7%
Cardiac Rehabilitation (CRE), Engagement2, Ttl	2.1%	0.5%	2.7%	NR	NR	NR	***	1.8%
Cardiac Rehabilitation (CRE), Achievement, Ttl	0.4%	0.2%	0.6%	NR	NR	NR	***	0.4%

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Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Diabetes

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status >9% (↓)	33.1%	30.8%	38.2%	NR	***	***	***	33.3%
Glycemic Assessment for Patients with Diabetes (GSD), Glycemic Status <8%	56.2%	60.3%	53.5%	NR	***	***	***	57.2%
Eye Exam for Patients with Diabetes (EED)	52.6% ▲	47.0%	45.7%	NR	***	***	***	51.2%
Blood Pressure Control for Patients with Diabetes (BPD)	73.5%	75.5%	78.5%	NR	***	***	***	74.2%
Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	45.8% ▲	41.0% ▼	40.7% ▼	NR	26.3% ▼	18.8% ▼	24.3% ▼	44.2%
Kidney Health Eval for Patients with Diabetes (KED), 65-75 Yrs	46.7%	48.6%	***	NR	NR	NR	NR	49.1%
Kidney Health Eval for Patients with Diabetes (KED), 76-85 Yrs	NR	50.7%	***	NR	NR	NR	NR	51.0%
Kidney Health Eval for Patients with Diabetes (KED), Ttl	45.8% ▲	41.6% ▼	40.8% ▼	NR	26.3% ▼	18.8% ▼	24.3% ▼	44.3%
Statin Therapy for Patients With Diabetes (SPD), Received Statin Therapy	64.9%	68.7% ▲	55.1% ▼	NR	NR	NR	NR	65.0%
Statin Therapy for Patients With Diabetes (SPD), Statin Adherence 80%	68.5% ▼	74.0% ▲	61.7% ▼	NR	NR	NR	NR	69.5%

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Measures where higher is better:

Statstically significant higher rate than other programs

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Measures where lower is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs



Behavioral Health

		Adult Programs			Child Programs			MY2024 Statewide Weighted Average	
		Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)		
Diagnosed Mental Health Disorders (DMH), 1-17 Yrs		7.2%	***	***	69.0%	20.0%	22.3%	51.1%	22.0%
Diagnosed Mental Health Disorders (DMH), 18-64 Yrs		32.3%	56.0%	36.1%	***	23.6%	25.6%	43.2%	34.9%
Diagnosed Mental Health Disorders (DMH), 65+ Yrs		23.3%	23.1%	20.0%	NR	NR	NR	NR	23.3%
Diagnosed Mental Health Disorders (DMH), Ttl		32.3%	54.3%	36.0%	69.0%	20.1%	22.6%	49.7%	28.6%
Antidepressant Medicaton Mgmt (AMM), Effectve Acute Phase		66.9%	65.2%	62.8%	NR	54.6%	***	57.5%	66.0%
Antidepressant Medicaton Mgmt (AMM), Continuation Phase		49.2%	49.5%	42.7%	NR	30.0%	***	36.7%	48.0%
Follow-Up Care for Children Prescribed ADHD Medicaton (ADD-E), Initaton Phase		NR	NR	NR	43.7%	45.0%	45.7%	45.7%	45.1%
Follow-Up Care for Children Prescribed ADHD Medicaton (ADD-E), Continuation		NR	NR	NR	51.5%	54.1%	53.7%	53.7%	53.6%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs		NR	***	NR	77.7%	77.7%	79.5%	75.0%	77.8%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs		58.7%	65.7%	61.7%	NR	70.5%	***	55.0%	60.4%
Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl		58.7%	65.9%	61.7%	77.7%	77.2%	79.7%	70.7%	64.0%
Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, 6-17 Yrs		NR	***	NR	59.2%	57.0%	53.3%	48.2%	56.0%
Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, 18-64 Yrs		39.3%	46.0%	42.2%	NR	46.7%	***	35.0%	40.8%
Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl		39.3%	45.7%	42.2%	59.2%	56.2%	54.3%	45.3%	44.0%
Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 6-17 Yrs		NR	***	NR	70.9%	75.0%	79.4%	72.5%	74.7%
Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, 18-64 Yrs		52.7%	65.2%	52.3%	NR	67.4%	***	52.8%	55.5%
Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, Ttl		52.7%	65.2%	52.3%	70.9%	74.5%	79.4%	68.0%	59.5%
Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 6-17 Yrs		NR	***	NR	53.7%	58.3%	59.7%	52.0%	57.5%

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Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Behavioral Health

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, 18-64 Yrs	39.8%	51.3%	38.2%	NR	53.8%	***	39.2%	42.2%
Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, Ttl	39.8%	51.3%	38.2%	53.7%	58.0%	59.7%	49.1%	45.3%
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 13-17 Yrs	NR	NR	NR	1.3%	1.5%	1.1%	4.5%	1.6%
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 18-64 Yrs	12.0%	16.3%	11.4%	***	2.2%	2.0%	9.5%	11.8%
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, 65+ Yrs	6.7%	3.6%	0.0%	NR	NR	NR	NR	4.1%
Diagnosed Substance Use Disorders (DSU), Any Substance Use Disorder, Ttl	12.0%	15.8%	11.4%	1.3%	1.7%	1.2%	6.2%	9.6%
Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 13-17 Yrs	NR	***	NR	***	39.6%	33.2%	54.5%	41.6%
Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, 18+ Yrs	39.8%	50.5%	42.5%	NR	31.6%	***	28.8%	41.4%
Follow-Up After ED Visit for Substance Use (FUA), 30-Day FU, Ttl	39.8%	50.6%	42.5%	***	38.5%	37.2%	39.7%	41.5%
Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, 13-17 Yrs	NR	***	NR	***	27.8%	19.3%	41.7%	29.0%
Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, 18+ Yrs	26.8%	35.5%	31.0%	NR	24.1%	***	15.1%	28.2%
Follow-Up After ED Visit for Substance Use (FUA), 7-Day FU, Ttl	26.8%	35.5%	31.0%	***	27.3%	18.6%	26.6%	28.3%
Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, 13-17 Yrs	NR	NR	NR	NR	37.5%	***	***	35.7%
Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, 18-64 Yrs	58.0%	56.7%	63.7%	NR	***	NR	35.2%	58.9%
Follow-Up After High Intensity Care for SUD (FUI), 30-Day FU, Ttl	58.0%	56.2%	63.7%	NR	51.8%	***	35.8%	58.8%
Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, 13-17 Yrs	NR	NR	NR	NR	28.1%	***	***	26.2%
Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, 18-64 Yrs	39.7%	38.1%	43.7%	NR	***	NR	26.5%	40.3%
Follow-Up After High Intensity Care for SUD (FUI), 7-Day FU, Ttl	39.7%	37.7%	43.8%	NR	35.2%	***	28.1%	40.2%

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Measures where higher is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs

Measures where lower is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs



Behavioral Health

	Apple Health Adult Coverage (Newly Eligible)	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
		Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)		
Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	15.1%	20.1%	15.5%	NR	6.5%	***	6.5%	15.5%	
Pharmacotherapy for Opioid Use Disorder (POD), Ttl	15.1%	20.1%	15.5%	NR	6.5%	***	6.5%	15.5%	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antpsychotc Medicaton (SSD)	80.4%	82.9%	83.5%	NR	75.7%	***	76.2%	81.5%	
Diabetes Monitoring for People With Diabetes & Schizophrenia (SMD)	60.3%	67.4%	57.3%	NR	***	NR	***	64.9%	
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia (SMC)	65.7%	54.7%	***	NR	NR	NR	NR	56.9%	
Adherence to Antpsychotc Medicatons for Individuals With Schizophrenia (SAA)	57.3%	79.5%	45.7%	NR	***	NR	***	68.5%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose Testing, 1-11 Yrs	NR	NR	NR	39.6%	35.8%	42.6%	38.5%	37.7%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose Testing, 12-17 Yrs	NR	NR	NR	55.1%	65.4%	68.4%	62.7%	63.0%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose Testing, Ttl	NR	NR	NR	49.5%	56.8%	62.2%	55.0%	55.2%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Cholesterol Testng, 1-11 Yrs	NR	NR	NR	26.6%	25.6%	40.3%	31.0%	27.6%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Cholesterol Testng, 12-17 Yrs	NR	NR	NR	37.2%	28.6%	42.1%	40.1%	33.1%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Cholesterol Testng, Ttl	NR	NR	NR	33.5%	27.8%	41.7%	37.2%	31.4%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose & Cholesterol Testing, 1-11 Yrs	NR	NR	NR	25.1%	23.6%	36.2%	28.0%	25.4%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose & Cholesterol Testing, 12-17 Yrs	NR	NR	NR	35.6%	28.1%	40.7%	38.8%	32.2%	
Metabolic Monitoring for Children & Adolescents on Antpsychotcs (APM-E), Blood Glucose & Cholesterol Testing, Ttl	NR	NR	NR	31.8%	26.8%	39.7%	35.3%	30.1%	
Depression Screening & Follow-Up for Adolescents & Adults (DSF-E), Depression Screening, Ttl	5.5%	9.4%	6.7%	3.7%	5.2%	5.0%	2.0%	5.8%	
Depression Screening & Follow-Up for Adolescents & Adults (DSF-E), Follow-Up on Positive Screen, Ttl	72.5%	67.2%	72.2%	90.7%	76.4%	77.2%	***	72.8%	
Utl of the PHQ-9 to Monitor Depression Symptoms for Adolescents & Adults (DMS-E), Assess Period 1, Ttl	13.0%	15.8%	13.4%	5.0%	11.9%	11.9%	2.7%	12.9%	

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Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Behavioral Health

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Util of the PHQ-9 to Monitor Depression Symptoms for Adolescents & Adults (DMS-E), Assess Period 2, Ttl	14.1%	18.1%	13.6%	11.6%	10.9%	10.3%	2.2%	13.7%
Util of the PHQ-9 to Monitor Depression Symptoms for Adolescents & Adults (DMS-E), Assess Period 3, Ttl	13.1%	17.3%	14.3%	6.2%	11.3%	10.1%	2.1%	13.2%
Util of the PHQ-9 to Monitor Depression Symptoms for Adolescents & Adults (DMS-E), Ttl	13.4%	17.0%	13.8%	7.7%	11.3%	10.8%	2.2%	13.3%
Depression Remission or Response (DRR-E), Follow-Up on PHQ-9, Ttl	46.5%	49.7%	43.2%	***	39.7%	40.5%	***	45.2%
Depression Remission or Response (DRR-E), Depression Remission, Ttl	5.4%	5.0%	5.4%	***	4.5%	4.7%	***	5.2%
Depression Remission or Response (DRR-E), Depression Response, Ttl	11.5%	11.6%	10.9%	***	10.8%	11.9%	***	11.3%
Unhealthy Alcohol Use Screening & Follow-Up (ASF-E), Unhealthy Alcohol Use Screening, Ttl	0.5%	1.8%	0.5%	NR	0.1%	0.0%	0.0%	0.7%
Unhealthy Alcohol Use Screening & Follow-Up (ASF-E), Follow-Up on Positive Screen, Ttl	1.6%	0.0%	***	NR	NR	NR	NR	1.6%
Prenatal Depression Screening & Follow-Up (PND-E), Depression Screening	11.6%	11.9%	12.6%	***	10.5%	***	38.3%	12.4%
Prenatal Depression Screening & Follow-Up (PND-E), Follow-Up on Positive Screen	49.6%	59.0%	53.7%	NR	***	***	***	53.4%
Postpartum Depression Screening & Follow-Up (PDS-E), Depression Screening	4.2%	4.2%	4.5%	***	2.7%	***	3.8%	4.4%
Postpartum Depression Screening & Follow-Up (PDS-E), Follow-Up on Positive Screen	77.2%	***	73.2%	NR	***	NR	***	74.1%

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Measures where higher is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs

Measures where lower is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs



Overuse/Appropriateness

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Appropriate Treat for Upper Respiratory Infecton (URI), 3 Mnths-17 Yrs	98.0%	98.7%	***	94.0% ▼	95.7% ▲	94.7% ▼	95.5%	95.6%
Appropriate Treat for Upper Respiratory Infecton (URI), 18-64 Yrs	91.0%	89.2% ▼	91.2%	NR	93.5% ▲	86.5%	97.9% ▲	91.0%
Appropriate Treat for Upper Respiratory Infecton (URI), 65+ Yrs	NR	85.9%	***	NR	NR	NR	NR	86.1%
Appropriate Treat for Upper Respiratory Infecton (URI), Ttl	91.0% ▼	89.5% ▼	91.2% ▼	94.0%	95.7% ▲	94.7%	95.7% ▲	94.5%
Avoidance of Antbiotc Treat for Acute Bronchits/Bronchiolits (AAB), 3 Mnths-17 Yrs	***	***	NR	65.5% ▼	79.5% ▲	60.1% ▼	80.7%	78.9%
Avoidance of Antbiotc Treat for Acute Bronchits/Bronchiolits (AAB), 18-64 Yrs	54.7%	52.0%	57.1%	NR	63.6%	***	***	55.2%
Avoidance of Antbiotc Treat for Acute Bronchits/Bronchiolits (AAB), Ttl	54.7% ▼	52.5% ▼	57.1% ▼	65.5%	79.4% ▲	59.7% ▼	80.0% ▲	71.1%
Use of Imaging Studies for Low Back Pain (LBP), 18-64 Yrs	70.5% ▼	73.4% ▲	72.0%	NR	67.5%	63.2%	84.0% ▲	71.0%
Use of Imaging Studies for Low Back Pain (LBP), 65-75 Yrs	69.7%	62.8%	***	NR	NR	NR	NR	66.9%
Use of Imaging Studies for Low Back Pain (LBP), Ttl	70.5%	72.7%	72.0%	NR	67.5%	63.2%	84.0% ▲	71.0%
Use of Opioids at High Dosage (HDO) (↓)	4.0% ▼	6.4% ▲	3.2% ▼	NR	NR	NR	***	4.6%
Use of Opioids from Multiple Prescribers (UOP) (↓)	24.3%	23.6% ▼	28.3% ▲	NR	NR	NR	***	24.7%
Use of Opioids from Multiple Pharmacies (UOP) (↓)	3.5%	3.3%	3.7%	NR	NR	NR	***	3.5%
Use of Opioids from Multiple Prescribers & Multiple Pharmacies (UOP) (↓)	2.5%	2.2%	3.0%	NR	NR	NR	***	2.5%
Risk of Continued Opioid Use (COU), At least 15 days, 18-64 Yrs (↓)	5.5% ▲	8.1% ▲	3.2% ▼	NR	0.4% ▼	0.0%	1.6% ▼	5.3%
Risk of Continued Opioid Use (COU), At least 15 days, 65+ Yrs (↓)	NR	8.5%	***	NR	NR	NR	NR	8.3%
Risk of Continued Opioid Use (COU), At least 15 days, Ttl (↓)	5.5% ▲	8.1% ▲	3.2% ▼	NR	0.4% ▼	0.0%	1.6% ▼	5.3%
Risk of Continued Opioid Use (COU), At least 31 days, 18-64 Yrs (↓)	2.2%	4.0% ▲	1.3% ▼	NR	0.0%	0.0%	0.5%	2.3%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Overuse/Appropriateness

	Adult Programs			Child Programs			MY2024 Statewide Weighted Average	
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)		
Risk of Continued Opioid Use (COU), At least 31 days, 65+ Yrs (↓)	NR	1.3%	***	NR	NR	NR	NR	1.2%
Risk of Continued Opioid Use (COU), At least 31 days, Ttl (↓)	2.2%	3.8% 	1.3% 	NR	0.0%	0.0%	0.5%	2.3%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs



Access/Availability of Care

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Adults' Access to Preventive/Ambulatory Health Services (AAP), 20-44 Yrs	66.2% ▼	80.9% ▲	78.2% ▲	NR	***	NR	65.2% ▼	69.8%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 45-64 Yrs	74.5% ▼	86.4% ▲	79.5% ▲	NR	NR	NR	NR	76.7%
Adults' Access to Preventive/Ambulatory Health Services (AAP), 65+ Yrs	77.7% ▼	84.9%	90.9%	NR	NR	NR	NR	84.6%
Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	69.2% ▼	83.7% ▲	78.4% ▲	NR	***	NR	65.2% ▼	72.3%
I&E of SUD Treat (IET), Initiation of SUD Treat, 13-17 Yrs	NR	***	NR	36.1%	38.0%	39.2%	42.7%	38.3%
I&E of SUD Treat (IET), Engagement of SUD Treat, 13-17 Yrs	NR	***	NR	8.3%	10.3%	15.9% ▲	10.5%	10.3%
I&E of SUD Treat (IET), Initiation of SUD Treat, 18-64 Yrs	50.5%	49.3%	50.2%	NR	36.3% ▼	***	46.3%	50.3%
I&E of SUD Treat (IET), Engagement of SUD Treat, 18-64 Yrs	19.3% ▲	14.8% ▼	20.3% ▲	NR	11.6% ▼	***	11.5% ▼	18.9%
I&E of SUD Treat (IET), Initiation of SUD Treat, 65+ Yrs	NR	32.3%	NR	NR	NR	NR	NR	32.4%
I&E of SUD Treat (IET), Engagement of SUD Treat, 65+-Yrs	NR	0.0%	NR	NR	NR	NR	NR	0.0%
I&E of SUD Treat (IET), Initiation of SUD Treat, Ttl	50.5% ▲	49.2%	50.2%	36.1% ▼	37.7% ▼	40.6% ▼	44.2% ▼	49.6%
I&E of SUD Treat (IET), Engagement of SUD Treat, Ttl	19.3% ▲	14.6% ▼	20.3% ▲	8.3% ▼	10.4% ▼	13.9%	10.9% ▼	18.4%
Prenatal & Postpartum Care (PPC), Timeliness of Prenatal Care	89.5% ▲	91.7% ▲	82.5% ▼	***	76.5%	***	***	87.4%
Prenatal & Postpartum Care (PPC), Postpartum Care	85.7% ▲	86.7%	80.2% ▼	***	85.2%	***	***	84.0%
Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), 1-11 Yrs	NR	NR	NR	41.7%	56.0%	***	62.1%	56.3%
Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), 12-17 Yrs	NR	NR	NR	37.5% ▼	66.0% ▲	60.3%	62.7%	63.5%
Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics (APP), Ttl	NR	NR	NR	39.1% ▼	63.6% ▲	63.7%	62.6%	61.7%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs

Measures where lower is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs



Utilization

	Adult Programs			Child Programs				MY2024 Statewide Weighted Average
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Well-Child Visits in the First 30 Mnths of Life (W30), 0-15 Mnths	NR	NR	NR	31.3% ▼	61.6% ▲	48.5% ▼	63.2%	61.2%
Well-Child Visits in the First 30 Mnths of Life (W30), 15-30 Mnths	***	NR	***	72.4%	68.2% ▼	82.2% ▲	83.0% ▲	68.9%
Child & Adolescent Well-Care Visit (WCV), 3-11 Yrs	58.2%	***	***	61.6% ▲	59.2% ▼	65.0% ▲	63.2% ▲	59.8%
Child & Adolescent Well-Care Visit (WCV), 12-17 Yrs	NR	NR	NR	51.0%	49.0% ▼	57.0% ▲	51.5% ▲	49.9%
Child & Adolescent Well-Care Visit (WCV), 18-21 Yrs	18.0% ▼	28.8% ▲	23.1%	NR	30.6% ▲	38.8% ▲	23.5%	24.1%
Child & Adolescent Well-Care Visit (WCV), Ttl	18.1% ▼	28.8% ▼	23.3% ▼	56.6% ▲	54.0% ▲	59.5% ▲	54.2% ▲	51.6%
Antbiotic Utilization for Respiratory Conditons (AXR), 3 Mnths-17 Yrs	17.0%	15.8%	25.0%	22.8%	25.8%	27.3%	25.5%	25.8%
Antbiotic Utilization for Respiratory Conditons (AXR), 18-64 Yrs	18.0%	16.1%	22.1%	NR	19.8%	18.5%	16.0%	18.6%
Antbiotic Utilization for Respiratory Conditons (AXR), 65+ Yrs	***	11.4%	***	NR	NR	NR	NR	11.3%
Antbiotic Utilization for Respiratory Conditons (AXR), Total	18.0%	15.9%	22.1%	22.8%	25.8%	27.1%	24.6%	22.8%
Plan All-Cause Readmissions (PCR), Observed, Ttl (↓)	8.9% ▼	10.5% ▲	7.2% ▼	NR	7.0%	5.7%	10.9%	9.2%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs

Measures where lower is better:

Statstically significant higher rate than other programs

Statstically significant lower rate than other programs



Social Needs

	Adult Programs	Child Programs			MY2024 Statewide Weighted Average			
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)	Apple Health Foster Care (IFC)	
Social Needs Screening & Intervention (SNS-E), Food Screening, 0-17 Yrs	0.0%	0.2%	***	0.2%	0.1%	0.1%	0.0%	0.1%
Social Needs Screening & Intervention (SNS-E), Food Screening, 18-64 Yrs	0.2%	0.5%	0.2%	NR	0.0%	0.5%	0.1%	0.3%
Social Needs Screening & Intervention (SNS-E), Food Screening, 65+ Yrs	NR	0.2%	0.0%	NR	NR	NR	NR	0.3%
Social Needs Screening & Intervention (SNS-E), Food Screening, Total	0.2%	0.5%	0.2%	0.2%	0.1%	0.1%	0.0%	0.2%
Social Needs Screening & Intervention (SNS-E), Food Intervention, 0-17 Yrs	NR	NR	NR	***	4.2%	***	NR	4.9%
Social Needs Screening & Intervention (SNS-E), Food Intervention, 18-64 Yrs	5.5%	7.0%	7.0%	NR	NR	NR	NR	6.2%
Social Needs Screening & Intervention (SNS-E), Food Intervention, Total	5.5%	7.0%	7.0%	***	4.2%	***	NR	5.9%
Social Needs Screening & Intervention (SNS-E), Housing Screening, 0-17 Yrs	0.0%	0.4%	***	0.2%	0.0%	0.0%	0.0%	0.0%
Social Needs Screening & Intervention (SNS-E), Housing Screening, 18-64 Yrs	0.5%	2.1%	0.5%	NR	0.1%	0.0%	0.0%	0.7%
Social Needs Screening & Intervention (SNS-E), Housing Screening, 65+ Yrs	NR	2.8%	5.2%	NR	NR	NR	NR	2.9%
Social Needs Screening & Intervention (SNS-E), Housing Screening, Total	0.5%	2.1%	0.5%	0.2%	0.0%	0.0%	0.0%	0.3%
Social Needs Screening & Intervention (SNS-E), Housing Intervention, 18-64 Yrs	0.0%	0.0%	0.0%	NR	NR	NR	NR	0.0%
Social Needs Screening & Intervention (SNS-E), Housing Intervention, Total	0.0%	0.0%	0.0%	***	***	NR	NR	0.0%
Social Needs Screening & Intervention (SNS-E), Transportaton Screening, 0-17 Yrs	0.0%	0.2%	***	0.2%	0.1%	0.1%	0.0%	0.1%
Social Needs Screening & Intervention (SNS-E), Transportaton Screening, 18-64 Yrs	0.5%	1.6%	0.5%	NR	0.0%	0.0%	0.1%	0.7%
Social Needs Screening & Intervention (SNS-E), Transportaton Screening, 65+ Yrs	NR	2.2%	2.6%	NR	NR	NR	NR	2.2%
Social Needs Screening & Intervention (SNS-E), Transportaton Screening, Total	0.5%	1.6%	0.5%	0.2%	0.1%	0.1%	0.0%	0.4%

(↓) - For this measure lower scores are better.

* * * - Rate suppressed due to denominator <30

NR - Denominator = 0

Measures where higher is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Measures where lower is better:

Statistically significant higher rate than other programs

Statistically significant lower rate than other programs

Social Needs

	Adult Programs			Child Programs			MY2024 Statewide Weighted Average	
	Apple Health Adult Coverage (Newly Eligible)	Apple Health Blind Disabled Adult (BD Adult)	Apple Health Family (Adults)	Apple Health Blind Disabled Child (BD Child)	Apple Health Family (Children)	Apple Health Family (SCHIP)		
Social Needs Screening & Intervention (SNS-E), Transportation Intervention, 18-64 Yrs	0.9%	0.0%	0.0%	NR	NR	NR	NR	0.6%
Social Needs Screening & Intervention (SNS-E), Transportation Intervention, Total	0.9%	0.0%	0.0%	***	***	NR	NR	0.5%

Appendix D: Methodology

This appendix contains additional information about the methodology used for the analysis presented in this report.

HEDIS Measures



HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA) and are reflective of the levels of quality, timeliness and accessibility of health care services MCOs furnished to the state's Medicaid enrollees. The NCQA's database of HEDIS results — the Quality Compass^{®10} — enables benchmarking against other Medicaid managed care health plans nationwide.

Many of the HEDIS measures included in this report are also included in the Washington State Common Measure Set on Health Care Quality and Cost¹¹, the Centers for Medicare & Medicaid Services (CMS) Core Measure¹² and the CMS Universal Foundation Measure sets.¹³ The Washington State Common Measure Set is a set of measures that enables a common way of tracking important elements of health and health care performance intended to inform public and private health care purchasing.

The CMS Core Measure sets are maintained by the Core Quality Measures Collaborative, a broad coalition of health care leaders that includes representatives from over 75 consumer groups, medical associations, health insurers, purchasers and other quality-focused stakeholders. This collaborative works collectively to develop and recommend core measure sets by clinical area, aiming to evaluate and enhance the quality of health care in the United States. The coalition was established in 2015 by America's Health Insurance Plans and the CMS and is convened by Battelle's Partnership for Quality Measurement in its role as the Consensus-Based Entity.

The CMS Universal Foundation is a set of high-priority quality measures streamlined across various CMS programs to reduce provider burden, improve care quality, and identify disparities. It serves as a core set of metrics focused on areas like wellness, prevention, chronic conditions, behavioral health and seamless care coordination.

HEDIS Data Collection

HEDIS measures draw from clinical data sources, utilizing either a fully administrative, hybrid, or electronic clinical data systems (ECDS) collection method, explained below:

- The administrative collection method relies solely on clinical information collected from electronic records generated through claims, encounter and enrollment data that are maintained by the health plan.
- The hybrid collection method supplements administrative data with a valid sample of carefully reviewed patient medical chart data. These are known as clinical chart reviews.
- The ECDS measures leverage the health care information contained in electronic data systems. NCQA has developed ECDS standards and specifications to collect this information to ease the burden of quality reporting.

¹⁰ Quality Compass[®] is a registered trademark of NCQA.

¹¹ Healthier Washington. About the Washington State Common Measure Set for Health Care Quality and Cost. [Available here](#).

¹² CMS. [Core Measures](#).

¹³ CMS. [Universal Foundation Measures](#).

Because hybrid measures are supplemented with sample-based data, scores for these measures will always be the same or better than scores based solely on the administrative data for these measures.¹⁴

For example, Table D-1 outlines the difference between state rates for select measures comparing the administrative rate (before clinical chart reviews) versus the hybrid rate (after clinical chart reviews).

Table D-1. Administrative Versus Hybrid Rates for Select Measures, MY2024.

Measure	Administrative Rate	Hybrid Rate	Difference
Controlling High Blood Pressure (CBP)	46.2%	66.4%	+ 20.2%
Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	65.4%	85.9%	+ 20.5%
Prenatal and Postpartum Care (PPC), Postpartum Care	68.5%	83.1%	+ 14.6%

The sampling method used for hybrid measures is burdensome for both health plans and their providers. NCQA plans to phase out the hybrid method by MY2029. Some hybrid measures will revert to an administrative-only method, while others will transition to being ECDS measures.

For more information on ECDS measure development, please visit <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

Supplemental Data for HEDIS Measures

In calculating HEDIS rates, the Apple Health MCOs used auditor-approved supplemental data, which is generated outside of a health plan's claims or encounter data system. This supplemental information includes historical medical records, lab data, immunization registry data and Fee For Service data on early and periodic screening, diagnosis and treatment provided to MCOs by HCA. Supplemental data were used in determining performance rates for both administrative and hybrid measures. For hybrid measures, supplemental data provided by the state reduced the number of necessary chart reviews for MCOs, as plans were not required to review charts for individuals who, according to HCA's supplemental data, had already received the service.

Washington State Measures

The state monitors and self-validates the following measures, reflecting health care services delivered to Apple Health enrollees:

- Mental Health Treatment Rate, Broad Definition (MH-B)
- Substance Use Disorder Treatment Rate (SUD)
- Home and Community-Based Long-Term Services and Supports Use (HCBS)
- Percent Homeless – Narrow Definition (HOME-N)
- Percent Homeless – Broad Definition (HOME-B)
- Percent Arrested – Members with Substance Use Disorder (SUD) Treatment Need (SA-SUD)
- Percent Arrested – Members with Mental Health Treatment Need (SA-MH)

¹⁴ Tang, P. C., Ralston, M., Fernandez Arrigotti, M., Qureshi, L., & Graham, J. (2007). Comparison of methodologies for calculating quality measures based on administrative data versus clinical data from an electronic health record system: Implications for performance measures. *Journal of the American Medical Informatics Association*, 14(1), 10–15. <https://doi.org/10.1197/jamia.M2198>.

- Receipt of Substance Use Disorder Treatment within 7 Days – Department of Corrections (DOC) Facility Releases (DI-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – DOC Facility Releases (DI-FUA-30D)
- Receipt of Substance Use Disorder Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUA-7D)
- Receipt of Substance Use Disorder Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUA-30D)
- Receipt of Mental Health Treatment within 7 Days – DOC Facility Releases (DI-FUM-7D)
- Receipt of Mental Health Treatment within 30 Days – DOC Facility Releases (DI-FUM-30D)
- Receipt of Mental Health Treatment within 7 Days – Local Jail Release from DOC Custody (DV-FUD-7D)
- Receipt of Mental Health Treatment within 30 Days – Local Jail Release from DOC Custody (DV-FUM-30D)
- Low-Risk Cesarean Deliveries (LRSD)

The MH-B metric is a state-developed measure of access to mental health services (among persons with an indication of need for mental health services). The SUD metric is a state-developed measure of access to SUD treatment services (among persons with an indication of need for SUD treatment services).

HCA partners with the Department of Social and Health Services RDA to measure performance. Data is collected via the administrative method, using claims, encounters and enrollment data and assessed on a quarterly basis.

Effective March 17, 2014, CMS published a new set of regulations regarding Medicaid Home and Community-Based Services and Settings. The intent of the rule is to ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

In order to monitor compliance with this regulation, HCA worked with community partners to develop the HCBS measure. This measure reports the proportion of person months receiving long-term services and supports (LTSS) associated receipt of services in a home and community-based setting during the measurement year.

In June 2022, the Washington legislature passed the Second Substitute House Bill 1860 which is intended to prevent homelessness among persons discharging from inpatient behavioral health settings. The bill requires HCA to establish performance measures to be added to the Washington State Common Measure Set that tracks rates of homelessness and housing instability among Medicaid clients. The Performance Measure Coordinating Committee convened a workgroup to recommend measures to identify the appropriate measures.

There are two homeless measures reported — a broad definition and a narrow definition. These two measures indicate the percentage of Medicaid enrollees who were homeless in at least one month in the measurement year. The broad definition includes individuals who meet the Automated Client Eligibility Living Arrangement criteria of “Homeless with Housing”; these members are excluded from the narrow definition. Otherwise, the numerator criteria for the two measures are the same.

The Washington legislature passed Substitute Senate Bill 5157; Section 2(7); Chapter 267 and Second Substitute House Bill 1860; Section 2(7)(a); Chapter 215 which requires HCA to track rates of criminal justice system involved Apple Health clients with an identified behavioral health need and then report on options and its recommendations to utilize the identified criminal justice performance measures within MCO contracts for value-based purchasing and performance improvement projects. In alignment with the legislation, HCA and RDA provided the Performance Measures Coordinating Committee (PMCC) with a list of potential performance

measures to establish the criminal justice performance measures. The PMCC then developed and incorporated the criminal justice measures into the statewide common measure set.

Caution is advised regarding interpretation of results for these measures as the impacts are outside of the MCO coordination of care scope of work. MCOs need to provide safe discharge planning, yet there are limits to what they can do to affect these measures.

First Steps is a Washington Apple Health program that helps pregnant individuals get the health and social services they may need and covers a variety of services for pregnant individuals and their infants. The Low-Risk Cesarean Delivery measure is calculated using data from the First Steps database.

Member-Level Data Analysis

For this report, HCA required MCOs to submit member-level data (MLD) files for analyses relating to demographic and geographic disparities. These files provide member-level information for each HEDIS quality measure. These data sets were then provided to Comagine Health for analysis. In addition to the MLD files, HCA also provided Comagine Health with an eligibility file that included enrollee demographic information (age, gender, race/ethnicity, language, county of residence and specific Apple Health program and eligibility category). Note the MLD files do not contain data for the Washington State behavioral health measures.

The populations underlying each measure in this report represent Apple Health members enrolled with an MCO in Washington State between January 1, 2024, and December 31, 2024. Of note: Only individuals who are in the denominator of at least one HEDIS measure are included in the member-level data. As a result, individuals with short tenures in their plans or individuals with little to no health care utilization may not be included in the measure analysis. The HEDIS measures were not risk-adjusted for any differences in enrollee demographic characteristics. Prior to performing analysis, member-level data were aggregated to the MCO level and validated against the reported HEDIS measures.

Definitions Used to Stratify Member-Level Data

Comagine Health developed methods for stratifying the member level data for the various analyses presented in this report.

- **Apple Health Program and Eligibility Category** – HCA included the Apple Health program information on the eligibility file, (Apple Health Integrated Managed Care (AH-IMC), Apple Health Integrated Foster Care (AH-IFC) and Apple Health Behavioral Health Services Only (AH-BHSO)). The data was first stratified by Apple Health Program. The AH-IMC program was then further broken down into eligibility groups using recipient aid category (RAC) codes on the enrollment file and a mapping of RAC codes to eligibility category.
- **Race/Ethnicity Data** – The HCA eligibility data included both a race field and a Hispanic indicator field. Enrollment data is reported separately by race and Hispanic ethnicity. For measure reporting, the race and ethnicity information is combined into one category; an individual who indicated they are Hispanic are reported as Hispanic, all other individuals are reported by race.
- **Spoken Language** – The HCA eligibility data also captures approximately 85 different spoken languages. In addition to English, Comagine Health reported on the 15 languages where HCA currently had written materials available. The remaining languages were reported in the “Other languages” category; they represent less than 1% of the total enrollees.
- **Urban versus Rural** – To define urban versus rural geographies, Comagine Health relied on the CMS rural-urban commuting area (RUCA) codes. RUCA codes classify United States census tracts using measures of population density, urbanization and daily commuting.

Whole numbers (1-10) delineate metropolitan, micropolitan, small-town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. The member ZIP code included in the MLD files was used to map each member to the appropriate RUCA codes. For the purposes of this analysis, RUCA codes 8, 9 and 10 were classified as rural; this effectively defines rural areas as towns of ten thousand or smaller.

- **Regional** – The member county from the HCA enrollment data was used to map the member to region.

Sufficient Denominator Size

In order to report measure results, there needs to be a sufficient denominator, or number of enrollees who meet the criteria for inclusion in the measure. Comagine Health follows NCQA guidelines to suppress the reporting of measure results if there are fewer than 30 enrollees in a measure. This ensures that patient identity is protected for Health Insurance Portability and Accountability Act purposes, and that measure results are not volatile. Note that 30 is still small for most statistical tests, and it is difficult to identify true statistical differences.

Note that stratification of the measure results for the various of the member level data analyses often resulted in measures with denominators too small to report. This was particularly true for the hybrid measures, which tend to have smaller denominators because of the sampling methodology used to collect the data. The measures selected for reporting varied for each analysis as a result.

Calculation of the Washington Apple Health Average

This report provides estimates of the average performance among the five Apple Health MCOs for the four most recent measurement years: MY2021 through MY2024. The majority of the analyses presented in this report use the state weighted average. The state weighted average for a given measure is calculated as the weighted average among the MCOs that reported the measure (usually five), where the MCOs' share of the total eligible population is used as the weighting factor.

However, the MCO scorecards compare the individual MCO rates to the state simple average or unweighted average. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure. The potential disadvantage of comparing an individual MCO to a weighted state average is that significantly larger plans could have undue influence on the state rate. A simple average of the plans' performance (rather than a weighted average) mitigates those concerns. Comagine Health chose to use the simple average for the MCO scorecards because the Apple Health MCOs vary in size. The state simple average for a given measure is calculated as the average of the measure rate for the MCOs that reported that measure.

Comparison to Benchmarks

Comagine Health compares MCO performance on national HEDIS measures with national benchmarks, which are published annually by NCQA in the Quality Compass report and are used with the permission of NCQA. These benchmarks represent performance of NCQA-accredited Medicaid HMO plans and Medicaid HMO plans that are either required to report HEDIS measures by the state agency responsible for monitoring managed Medicaid performance or opt to publicly report their HEDIS rates. The HEDIS measures reported to NCQA vary by plan. These national benchmarks reflect the average of the plans that reported the benchmark and are not a true national average of all managed Medicaid plans. Also, note these plans represent states with and without Medicaid expansion coverage.

The licensing agreement with NCQA limits the number of benchmarks that can be published each year. The current agreement limits publication to three benchmarks for 40 measures. HCA selected the 40 measures to be reported with benchmarks in Appendix E. Appendix E includes three benchmarks: the national 50th percentile, the national 75th percentile and the national 90th percentile. In other areas of the report, Comagine Health provides information on comparison of performance to national benchmarks without providing the actual benchmark rates, in accordance with NCQA licensing terms.

In addition to the national average for measures, Quality Compass provides benchmarks that are measured as percentiles. Percentiles show how a plan ranks compared to a proportion of other plans that reported performance on a particular measure to NCQA. For example, if a plan performs at the 75th percentile, that means it performed better than 75% of plans nationwide on that particular measure.

The Washington State measures were developed by the state. As there are no national benchmarks for these measures, HCA leadership chose to consider the plan with the second highest performance in the preceding year as the benchmark.

Interpreting Percentages Versus Percentiles

The majority of the measure results in this report are expressed as percentages. The actual percentage shows a plan's specific performance on a measure. For example, if Plan A reports a Breast Cancer Screening rate of 69%, that means that 69% of the eligible women enrolled in Plan A received the screening. Ideally, 100% of the eligible woman should receive breast cancer screenings. The actual rate indicates there is still a gap in care that can be improved.

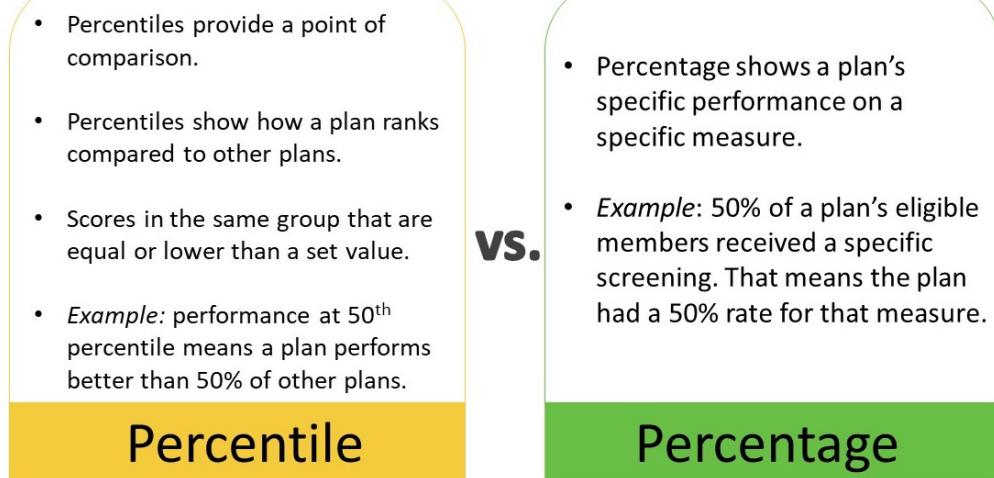
The national benchmarks included in this report are often displayed as percentiles. The percentile shows how Plan A ranks among all other plans who have reported Breast Cancer Screening rates. For example:

- If a plan's Breast Cancer Screening rate is at the national 50th percentile, it means that approximately 50% of the plans in the nation reported Breast Cancer Screening rates that were equal to or below Plan A; approximately 50% of the plans in the nation had rates that were above.
- If Plan A is above the 75th percentile, that means that at most 25% of the plans in the nation reported rates above Plan A, and at least 75% of the plans reported rates below Plan A.

The national percentiles give a benchmark, or point of comparison, to assess how Plan A's performance compares to other plans. This is especially important in identifying high priority areas for quality improvement. For example, if Plan A performs below the 50th percentile, we can conclude there is considerable room for improvement given the number of similar plans that performed better than Plan A. However, if Plan A performs above the 75th percentile, we can conclude that performance on that particular measure already exceeds the performance of most other plans and that improving the actual rate for that measure may not be the highest priority for this plan.

Figure 71 shows the differences between percentiles and percentages in the context of this report.

Figure 71. Percentile Versus Percentage.



Statistical Significance

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms “significant” or “significantly” are used when describing a statistically significant difference at the 95% confidence level. A Wilson Score Interval test was applied to calculate the 95% confidence intervals.

For comparisons of performance scores between categories such as MCO or race/ethnicity, a chi-square test was used to compare each category against the remaining categories as a group (i.e., an individual MCO would be compared to the average of the other four MCOs). Occasionally, a test may be significant even when the confidence interval crosses the state average line shown in the bar charts, because the state averages on the charts reflect the weighted average of all MCOs, not the average excluding the MCO being tested.

Significant and Significantly

Throughout this report, comparisons are frequently made between specific measurements (e.g., for an individual MCO) and a benchmark. Unless otherwise indicated, the terms “significant” or “significantly” are used when describing a statistically significant difference at the 95 percent confidence level. A Wilson Score Interval test was applied to calculate the 9 percent confidence intervals. This means that the reader can be 95% confident there is a real difference between two numbers, and that the differences are not due to chance.

Other tests of statistical significance are generally made by comparing confidence interval boundaries calculated using a Wilson Score Interval test, for example, comparing the MCO performance scores or state averages from year to year.

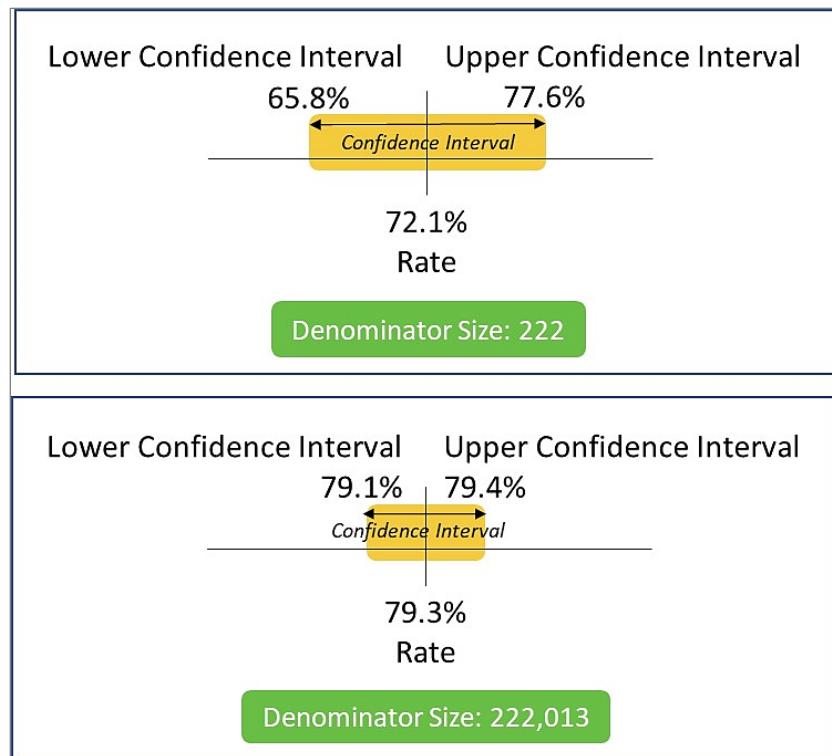
Confidence Intervals and Denominator Size

The statistical tests in this report include calculations of the 95% confidence intervals. In layman's terms, this indicates the reader can be 95% confident there is a real difference between two numbers, and that the differences are not just due to random chance. The calculation of confidence intervals is dependent on denominator sizes.

The confidence interval is expressed as a range from the lower confidence interval value to the upper confidence interval value. A statistically significant improvement is identified if the current performance rate is above the upper confidence interval for the previous year.

Denominator size is important when comparing measure performance between MCOs. Some MCOs have larger populations than others, such as MHW. When measures have very large denominators (populations of sample sizes), it is more likely to detect significant differences even when the size of the difference between two rates is very small. Also, the member populations, or sample sizes, for particular measures vary widely. This means sometimes it appears there are large differences between two numbers, but the confidence interval is too wide to be 95% confident that there is a true difference.

Figure 72 shows two examples of how rates and their corresponding confidence intervals are affected by denominator size. The first example has a denominator of 222, and the second example has a much larger denominator of 222,013. Notice how the confidence interval is much wider for the first example, while the second is narrower. That is because with a small denominator we are less confident in the result and the confidence interval range will be much larger. With a large denominator, we can be more confident in the result; therefore, the confidence range is smaller.

Figure 72. Illustration of How Denominator Affects Confidence Intervals.

Limitations

Below are limitations to consider when reviewing this report.

- Fee-for-service population: The fee-for-service population is not included in these measures. Fee-for-service individuals include those eligible for both Medicare and Medicaid services. In addition, American Indian/Alaska Natives are exempt from mandatory managed care enrollment.
- Lack of risk adjustment: HEDIS measures are not risk adjusted. Risk adjustment is a method of using characteristics of a patient population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.
- State behavioral health measures: There are no national benchmarks available for the Washington Behavioral Health measures as these measures are Washington-specific measures developed by the state. Note there are several HEDIS measures related to behavioral health which are reported within this report which do include national benchmarks.

Interpreting Performance

Plan performance rates must be interpreted carefully. There are several potential sources of variation with the measures.

- Performance measures are specifically defined.** It is important to keep in mind that a low performance score can be the result of an actual need for quality improvement, or it may reflect a need to improve

electronic documentation and diligence in recording notes. Occasionally, member records may not include the specific notes or values required for a visit or action to count the member as having received the service.

- **Measures are not risk adjusted.** Risk adjustment is a method of using characteristics of a member population to estimate the population's illness burden. Diagnoses, age and gender are characteristics that are often used. Because HEDIS measures are not risk adjusted, the variation between MCOs is partially due to factors that are out of a plan's control, such as enrollees' medical acuity, demographic characteristics and other factors that may impact interaction with health care providers and systems.
- **Some measures have very large, or very small, denominators.** There are populations with large denominator sizes, making it more likely statistical significance for differences of small magnitude is detected. There are also many HEDIS measures that are based on a small sample or are focused on a narrow eligible member population; these have small denominators, making it less likely to detect statistical differences. For measures with small denominators, it may be useful to look at patterns among associated measures to interpret overall performance.

Appendix E: Regional Comparison Results

Appendix E contains state maps comparing regional performance. This appendix is attached as a separate PDF due to size.

Appendix F: 2024 Performance Measure Tables

The data included in Appendix F includes specific NCQA benchmarks which, due to licensing agreement limitations, are available to HCA staff for internal use only.

For a full set of performance measure overall results, please see Appendix A: MCO Comparison Results.