

Child Health Services

Provider performance

Engrossed Substitute House Bill 2128; Section 4(3); Chapter 463; Laws of 2009

Substitute Senate Bill 5835; Section 2(3); Chapter 294; Laws of 2017

RCW 74.09.480

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Executive summary

This report is the sixth in a series of Health Care Authority (HCA) biennial reports, beginning in September 2010. It presents child health performance measures and information about newborn care practices for children enrolled in Apple Health (Medicaid). This report presents data for services provided during 2016-2020 calendar years, unless otherwise specified.

Two laws¹ direct HCA to report on provider performance for a set of explicit health care quality measures that monitor whether access to services and quality of care are improving among enrolled children and if birthing facilities are adhering to two newborn care practices.

- [Engrossed Substitute House Bill 2128](#), Chapter 463, Laws of 2009, RCW 74.09.480, Section 4 states that the performance indicators included in the report “may include, but are not limited to:”
 - Childhood Immunization Rates.
 - Well-Child Care Utilization Rates.
 - Care Management for Children with Chronic Illnesses.
 - Emergency Room Utilization.
 - Visual Acuity and Eye Health.
 - Preventive Oral Health Service Utilization.
 - Children’s Mental Health Status.
- [Substitute Senate Bill 5835](#), [Chapter 294](#), Laws of 2017, RCW 74.09.475, Section 2 lists two delivery site (i.e., birthing hospitals, birthing centers, home birth) policies and procedures to be included in this report:
 - Skin-to-skin placement of the newborn on the mother’s chest immediately following birth.
 - Rooming-in practices in which a newborn and a mother share the same room for the duration of their post-delivery stay.

Report highlights

For this report, we chose 23 measures², based on the indicators and goals listed in the statutes, with consideration of data availability and feasibility of reporting. We included perinatal measures as part of this Child Health Services report because they have a demonstrated powerful influence on child health. We chose measures related to service delivery because preventive care and access to appropriate care—at the appropriate time—contribute to positive outcomes.

The 23 measures on the Children’s Health Care Quality Measures for Medicaid and Children’s Health Insurance Program (CHIP), also known as the Child Core Set, were calculated using administrative data for which we could compare the changes in rates from 2016 to 2020. Thirteen measures of the Child Core Set were also reported by at least 25 states in 2019 enabling us to compare and rank our rates at a national level.

Washington State continues to rank well on these 23 measures when compared nationally. Of the 13 measures on the Child Core Set that we could make national comparison, our state performed above the national median rates for eight measures. In the measures for which we were below the national median in

¹ Engrossed Substitute House Bill 2128, Chapter 463, Laws of 2009, RCW 74.09.480, Section 1; Substitute Senate Bill 5835, Chapter 294, Laws of 2017, RCW 74.09.745, Section 1.

² We chose 13 measures, of which six have sub-measures, bringing the total to 23 in the Child Core Set.

comparison to other reporting states, the gap between our state and the national median were relatively small. We found an improving trend in our state's performance over the years 2016-2020 for 13 out of 23 measures. However, COVID-19 quarantine and associated healthcare access restrictions eroded many gains from the pre-pandemic period (i.e., 2016-2019) for ten measures³.

We continue to note and be concerned about disparities amongst racial and ethnic communities in several measures. For pregnancy and delivery measures, the rates tended to be better for Hispanic and Asian women compared to that of Black and American Indians/Alaska Natives. For child health services measures, the rates tended to be better for Hispanic and Asian compared to that of American Indian/Alaska Natives. There is also variation in performance across Apple Health service delivery models - five managed care organizations (MCOs), fee-for-service (FFS) and Primary Care Case Management (PCCMs)⁴.

While Washington State trend data is available for years 2016-2020, documenting potential impacts from COVID-19, comparisons between the state rates and the national medians are limited to 2019 data. During this pre-pandemic reporting period, we identified a few measures where our state had room to improve and differences between Washington's rates and the national medians. Work continues on quality improvement to sustain and improve child health performance rates moving forward, however comparisons of potential COVID-19 effects on national medians will not be available until the next legislative report.

HCA is committed to maintaining and strengthening a focus on health disparities and inequities in our state, and on the critical importance of the earliest years of life as the foundation for health and well-being.

³ On February 29, 2020, Governor Jay Inslee issued [proclamation 20-25, "Stay Home, Stay Healthy"](#) declaring a state of emergency due to COVID-19.

⁴ Apple Health service delivery models differ on how they manage and deliver health care services; Fee-for-service (FFS) is the oldest healthcare delivery model under which providers receive a payment for each unit of service they provide. Under FFS, clients can go to any Apple Health provider, and the provider will submit claims directly for Apple Health covered services. Primary care case management (PCCM) is an older model of managed care in which a primary care provider (PCP) is responsible for approving and monitoring the care of enrolled Apple Health beneficiaries, typically for a small monthly case management fee in addition to fee-for-service reimbursement for treatment. Managed care organizations (MCO) deliver and manage health services under a risk-based arrangement. The Health Care Authority (HCA) contracts with MCOs and pays them a per member per month (PMPM) rate, or capitation payment. MCOs are required to provide all covered, medically necessary services to their members, and are incentivized to control costs.

Key findings and discussion

Our key findings, as well as the [summary table found in Appendix A](#), are meant to provide a snapshot of providers' performance for the following:

- Getting clients in for regular preventive visits and screenings that are associated with the health of newborns and children enrolled in Apple Health.
- Improving health metrics such as low birth weight, breastfeeding, Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean sections, and emergency room visits.

Of the 13 Child Core Set measures with national comparison data in 2019, Washington State ranked above the national median on eight measures and below the national median on five measures.

Five measures for which we ranked at the top quartile were:

- **Low Birthweight** (lower rate is better)
- **Contraceptive Care (long-acting reversible contraception (LARC) utilization) among All Women, ages 15-20**
- **Contraceptive Care (long-acting reversible contraception (LARC) utilization) among Postpartum Women, ages 15-20**
- **One Sealant on a Permanent Molar by the Tenth Birthday**
- **Ambulatory Care - Emergency Department Visits (AMB) Ages 0-19 Years** (lower rate is better)

Among measures that were reported for multiple years, we found improving trends in our state's performance for 13 out of 23 measures during 2016-2020. For most measures in 2020, there were differences in performance across MCOs, FFS, and PCCM.

There were also differences between race/ethnicity groups. The groups most affected by racial disparities were different for pregnancy and delivery measures versus those related to infant and child health service use. For pregnancy and delivery measures, the rates tended to be comparatively better for Hispanic and Asian individuals compared to African-American and American Indian/Alaska Native individuals. For child health services measures, the rates tended to be comparatively better for Hispanic and Asian children compared to American Indian/Alaska Native children.

Comparing Washington State performance to 2019 national rankings

These rankings should be interpreted with caution, as there are several measures for which the differences between our data and the national median were relatively small. For example, for the measures of **Childhood Immunizations by Age Two** and **Well-Child Visits: 6 or more visits during the first 15 months**, the differences in rates between our state and the national median were less than two percentage points in 2019.

For the following five measures of the Child Core Set, our state ranked in the top quartile (above the 75th percentile) of all reporting states in 2019:

- **Low Birthweight** rates increased from 7.1 in 2019 to 7.4 in 2020, however these rates were still better than the national median rate of 9.7 percent in 2019.
- **Contraceptive Care among Postpartum Women Ages 15-20 Years (LARC utilization)** rates were 22.4 percent and 21.3 percent in 2019 and in 2020, respectively. These rates were better than the national top quartile of 20.3 percent in 2019.

- **Ambulatory Care – Emergency Department Visit rates for Apple Health children up to age 19** were 37.1 per 1,000 beneficiary months in 2019, and 21.7 per 1,000 beneficiary months in 2020. This was better than the national median rate of 43.2 per 1,000 beneficiary months in 2019.

For the following three measures of the Child Core Set, our state ranked in the third quartile (above the 50th percentile, but below the 75th percentile) of all reporting states in 2019:

- **Contraceptive Care for Postpartum Women Ages 15-20 Years (CCP)** utilization rates of most effective and moderately effective contraceptive use in our state were 46.6 percent in 2019 and 44.8 percent in 2020, better than the national mediate rate of 43.9 in 2019.
- **Timeliness of Prenatal Care (PPC)** were 87.1 percent in 2019 and 89.3 percent in 2020, higher than the national median of 84.4 percent in 2019.
- **Human Papillomavirus Vaccine** rates were 41.1 percent in 2019 and 39.2 percent in 2020, better than the national median of 36.5 percent in 2019.

We also found areas where we may want to focus efforts as our state ranked below the 50th percentile of all reporting states in 2019, noting that some of these measures reflect improvement and the lower ranks were associated with relatively narrow ranges in measurement rates.

- **Contraceptive Care of All Women Ages 15-20 Years (CCW)** for the utilization rates of most and moderately effective contraception in our state were 29.9 percent in 2019 and declined to 26.5 in 2020, which was less than the national median of 30.0 in 2019.
- **Childhood Immunizations (Combination 3)** rates were 67.6 percent in 2019 and 65.0 percent in 2020, lower than the national median of 69.9 percent in 2019.
- **Immunizations for Adolescents who Turned 13 (Combination 1)** rates were 75.5 percent in 2019 and 74.6 in 2020, lower than the national median of 79.2 percent in 2019.
- **Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W30-CH)** were 62.6 percent in 2019 and 57.1 percent in 2020, compared to a national median of 65.6 in 2019.
- **Chlamydia Screening in Women Ages 16-20** rates were 48.4 percent in 2019 and 45.0 percent in 2020, which was lower in 2019 than the national median rate of 48.7 percent.

Washington State's trends from 2016 to 2020

We found the state's performance in 13 out of 23 measures on the Child Core Set improved from 2016 to 2020. Given the COVID-19 pandemic policies regarding quarantine, it is hypothesized that healthcare access restrictions (e.g., non-essential use of hospitals) impacted measurement rates by eroding many gains made in the pre-pandemic period (years between 2016-2019).

Three measurement rates improved the most during 2016-2020.

- **Ambulatory Care – Emergency Room Visits for children younger than age 19** decreased by 43.9 percent. The decreased rates were observed among each age group, with 41.8 percent, 46.8 percent and 39.3 percent decreasing among ages 0-1 year, ages 1-9 years and ages 10-19 years, respectively. The years between 2016-2018 showed minor improvements over time, with a small increase in 2019, followed by a dramatic decrease in 2020.
- **Human Papillomavirus Vaccine** rates increased 13.3 percent.

Two measurement rates improved between 5 percent and 10 percent during 2016-2020.

- **Contraceptive Care for Postpartum Women Ages 15-20 Years (CCP)** increased by 5.2 percent and 9.2 percent among Postpartum Women Ages 15-20 Years (CCP-LARC).

Five measurements trended in an undesired direction, from 2016-2020, noting that the differences in measurement rates often widened between 2019 and 2020 suggesting a relationship between COVID-19 and/or quarantine policies.

- **Low Birth Weight** rate increased by 4.2 percent.
- **Cesarean Deliveries** increased by 6.7 percent.
- **Contraceptive Care among All Women Ages 15-20** rate decreased for both utilizers of most effective and moderately effective contraception and Long-acting Reversible Method (LARC) by 13.2 percent and 12.3 percent, respectively.
- **Chlamydia Screening in Women Ages 16-20** decreased by 8.0 percent.
- **Child and Adolescent Well-Care Visits Ages 3 – 21 years** decreased by 16.0 percent.

Comparison of performance by Apple Health payer type for 2020

There were three Apple Health payer types in which clients were enrolled: MCO, PCCM, and FFS. The payer data presented in this report is based on the Apple Health client enrollment and eligible criteria. The number of eligible clients who received services were specific to each measure and varied by different payers. Molina Healthcare of Washington, an MCO, continues to be the largest payer for more than 40 percent of all Apple Health clients.

The rates of the following measures varied by Apple Health payer type:

- While sample sizes are relatively small, services through PCCM showed different comparative rates in a number of measures compared to that of FFS and MCOs for most years.
 - Higher comparative rates (desirable) on **Immunization for Adolescents**.
 - Higher comparative rates (desirable) on **Human Papillomavirus Vaccine**.
 - Lower comparative rates (undesirable) on **Timely Prenatal Care**.
 - Higher comparative rates (undesirable) on **Ambulatory Care – Emergency Department Visits**.
- Rates on **Immunizations, Well-Child Visits in the First 15 Months of Life, Well-Child Visits for Ages 15-30 months, Child and Adolescent Well-Care Visits Ages 3-21 years, and Dental Sealants** were higher for MCOs than FFS.
- Rates on **Contraceptive Care among all women ages 15-20** were higher in FFS, while the rates of the same measure among postpartum women were lower in FFS than that of MCOs.

Comparison of performance by race/ethnicity for 2020

We found the following patterns of racial disparities:

- Non-Hispanic Whites had lower comparative rates (undesirable direction) than other race/ethnicity groups in the following measures:
 - **Childhood Immunizations by Age Two**
 - **Immunizations for Adolescents Who Turned 13**
 - **Human Papillomavirus Vaccine**
- Hawaiian/Pacific Islanders and American Indians/Alaska Natives had lower comparative rates (undesirable direction) than other race/ethnicity groups in the following measures:

- **Timeliness of Prenatal Care**
- **Well-Child Visits in the First 15 Months of Life and Well-Child Visits for Ages 15-30 Months**
- **All Four Permanent Molars Sealed by the Tenth Birthday**
- **Child and Adolescent Well-Care Visits Ages 3-11 Years**
- Hawaiian/Pacific Islanders also had higher comparative rates (undesirable direction) than other race/ethnicity groups, except for African Americans, in the following measures:
 - **NTSV Cesarean delivery**
- African Americans had higher comparative rates (undesirable direction) than other race/ethnicity groups in the following measures:
 - **Low Birthweight**
 - **NTSV Cesarean delivery**

Newborn care practices

RCW 74.09.475 requires two newborn practices for all health care facilities that provide newborn delivery services. Birthing facilities need to have policies and procedures on skin-to-skin placement of newborn with parent immediately following birth and on rooming-in practices for newborns and gestational parent for their post-delivery stay.

Washington State already performs very well compared to other states in this area and had near universal policies on skin-to-skin and rooming-in for newborns prior to the 2017 legislation. Below is current information on the status of these policies and procedures in Washington, and the complexity of measuring them directly.

Washington State Hospital Association (WSHA) affirmed that newborn skin-to-skin and rooming-in are standards of care (i.e., best practices that have been widely adopted) within delivery sites across Washington⁵. Therefore, and in line with the 2020 report, we did not directly query birth centers for this report.

Department of Health (DOH) provides technical assistance to birthing facilities and clinics to become designated as Lactation and Infant Feeding-Friendly Environments (LIFE)⁶. Hospitals, clinics, and midwife-owned birth centers can become LIFE accredited – Bronze, Silver, or Gold – depending on the number of steps they’re doing that support lactation and infant feeding.

Currently, it is challenging to directly measure adherence to the already described two newborn care practices due to the following:

There are no nationally vetted performance measures.

Facility policies and documentation of rooming-in and skin-to-skin are not captured in administrative claims data.

⁵ See Appendix E with letter from WSHA Director of Safety and Quality

⁶ Lactation and Infant Feeding-Friendly Environments (LIFE) is a voluntary recognition program developed and managed by the Washington State Department of Health (DOH) which designates hospitals, birth centers, and clinics as breastfeeding friendly based on World Health Organization’s (WHO) Ten Steps to Successful Breastfeeding. For more information, see: <https://doh.wa.gov/public-health-healthcare-providers/lactation-and-infant-feeding-friendly-environments>

Not all facilities have the ability to capture this information in their electronic health record (EHR).

Facilities do not have the staff resources to extract medical records to obtain this data.

The data on these two newborn practices are very difficult to collect, as they are embedded in medical records and not available in administrative data. Further, these practices are overwhelmingly standards of care.

Emphasizing the importance of both rooming-in and skin-to-skin, HCA added language around these newborn practices to billing guide updates on July 1, 2020. The Inpatient Hospital guide and the Planned Home Birth and Birth Centers guide both now include the language below:

RCW 74.09.475: required newborn practices to promote breastfeeding

- Hospitals providing childbirth services must implement policies and procedures to promote the following practices, which positively impact the initiation of breastfeeding:
 - Skin-to-skin placement of the newborn on the mother's chest immediately following birth.
 - Rooming-in practices in which the newborn and the mother share the same room for the duration of their post-delivery stay at the birth center.
 - The agency provides for exceptions to these requirements when skin-to-skin placement or rooming-in are contraindicated for the health and well-being of either mother or newborn.

On newborn care practices, our state ranked in higher percentiles for two measures from different data sources, which included non-Apple Health clients and used different rankings. The measurements presented here are not at the individual level as they are not available at that degree of specificity. Particularly, there are no nationally standardized metrics or on-going data collection to determine adherence to post-birth care practices of rooming-in and skin-to skin placement of newborns and parent.

We decided on two proxies for this report. They are hospitals and birthing centers having standard policies in place for rooming-in and skin-to-skin practices and the results of the 2018 CDC Maternity Practices in Infant Nutrition and Care (mPINC) survey⁷.

The exclusive breast milk feeding rate for babies discharged from the Joint Commission⁸ accredited hospitals was 70.8 percent between April 1, 2020 and March 31, 2021. This was considerably higher than the national average of 50.0 percent for the same timeframe, and slightly less than the top 10 percent of states at 71.3 percent.

Maternity and newborn care practices scored 85 out of 100, compared to a national average score of 81 in the 2020 CDC mPINC survey (80 percent of 59 eligible hospitals in Washington participated in the survey). This survey showed that, in Washington, 72 percent of newborns remained in uninterrupted skin-to-skin contact for at least one hour or until breastfed (for a vaginal delivery). Additionally, 51 percent of newborns remained in uninterrupted skin-to-skin contact for at least one hour or until breastfed (for a cesarean delivery). Rooming-in for 24 hours/day for mother-infant dyads was practiced almost universally (98 percent) by all hospitals.

⁷ Data source: <https://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

⁸ Data source: Joint Commission Quality Check public data <https://www.qualitycheck.org>.

Conclusion

While some identified measures revealed where our state can target improvement efforts, the strategies for improvement vary by specific measures. The small undesirable differences between our state's rates and the national medians suggest that improving our rates and rankings is feasible. Improving performance in Immunizations, Well-Child Visits for Children, and Adolescents Well-Care Visits may require new strategies, yet the increasing trends for some measures from 2016 to 2020 are promising.

We observed large differences for children across racial and ethnic groups in many measures. The patterns of racial/ethnic disparities varied for measures related to prenatal care, delivery, and infant and child health service use. We continued to perform well in perinatal care and immunizations for adolescents compared to other states. We found that the newborn practices identified in RCW 79.09.475 and reported on for the first time in the 2018 report are routine standard of practice across birthing hospitals in Washington.

HCA continues to partner with DOH and other organizations (e.g., Washington State Hospital Association, the Midwives Association of Washington State, March of Dimes, Obstetrical Care Outcomes Assessment Program, American College of Obstetricians and Gynecologists and other professional associations) on quality improvement efforts to sustain and improve rates moving forward. Current collaborative initiatives focus on increasing access to contraceptive care across the state, improving quality and utilization of prenatal and postpartum care, incentivizing midwifery-led care, moving towards Apple Health reimbursement for doulas, and on bolstering childhood immunization rates. We have partnered with Upstream in their multi-year commitment in the State of Washington to ensure all patients have access to the full range of birth control methods in a single visit by providing training and technical assistance to providers and care delivery sites.

Additionally we are pursuing changes to our Family Planning coverage applications and process improvement, as well as collaborating on practice changes and the best evidenced-based care that should be included in our covered services. HCA is actively engaged in a maternal care model project which will leverage value based purchasing (VBP) strategy to incentivize higher value prenatal, delivery and postpartum services that will lead to improved perinatal outcomes and decrease disparities. HCA is also one of 5 states participating in a 3-year Institute for Medicaid Innovation (IMI) learning collaborative focused on increasing midwifery led care for Apple Health clients. Twelve months of Apple Health postpartum coverage was implemented in June of 2022, improving access to comprehensive care in this critical period for all who have had an end of pregnancy. In terms of childhood immunizations and well-child checks we are actively partnering with DOH, the Washington State Chapter of the American Academy of Pediatrics, MCOs and others to address and overcome the decreases we continue to experience related to the public health emergency of coronavirus pandemic (COVID-19).

HCA is leveraging our diverse communication networks in terms of public education and promotion of routine childhood immunizations and well-child checks, while also working directly with our providers and provider groups on incentives and strategies for increasing uptake. The HCA's current Primary Care Transformation Model initiative is a promising strategy for increasing pediatric well child visits and routine immunizations as it will increase spending in primary and preventive care, promote and incentivize high-value care and target the quadruple aim in terms of measurable outcomes.

Appendix A: Summary of performance, 2016-2020

			Rate						2019 National Comparison*		
	Table	Measure	2016	2017	2018	2019	2020	% Change 2016–2020	# States Reporting	Median Rate	Quartile Rank
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	87.0	86.8	87.4	87.1	89.3	2.6%	40	84.4	Q3
	2	Low Birth Weight (LBW)	7.1	7.3	7.2	7.1	7.4	4.2%	52	9.7	Top
	3	NTSV Cesarean section	22.5	23.2	23.1	22.8	24.0	6.7%	N/A	N/A	N/A
	4.1	Contraceptive Care — All Women: Ages 15-20 Years (CCW)	30.6	30.7	30.0	29.9	26.5	-13.4%	37	30.0	Q2
	4.2	Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)	5.7	6.0	5.9	6.0	5.0	-12.3%	37	4.3	Top
	5.1	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)	42.6	44.9	42.5	46.6	44.8	5.2%	36	43.9	Q3
	5.2	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)	19.5	21.4	19.9	22.4	21.3	9.2%	36	16.4	Top
Preventive Care	6	Childhood Immunizations by Age Two (CIS): Combination 3	64.1	65.2	66.3	67.6	65.0	1.4%	42	69.9	Q2
	7.1	Immunizations for Adolescents Who Turned 13 (IMA): Combination 1	73.3	74.9	74.9	75.5	74.6	1.8%	45	79.2	Q2
	7.2	Human Papillomavirus Vaccine (HPV)	34.6	37.4	38.5	41.1	39.2	13.3%	45	36.5	Q3
	8	Well-Child Visits: 6+ more visits during first 15 Months (W30 (Rate1))	56.3	59.5	62.1	62.6	57.1	1.4%	50	65.6	Q2
	9	Well-Child Visits: 2+ more visits ages 15-30 months (W30 (Rate2))	64.9	66.7	68.7	70.1	68.2	5.1%	N/A	N/A	N/A
	10	Chlamydia Screening in Women Ages 16–20 Years (CHL)	48.9	49.0	48.3	48.4	45.0	-8.0%	47	48.7	Q2
	11.1	One Sealant on Permanent Molar by 10th Birthday (SFM-CH (Rate 1))	71.5	71.5	72.2	72.6	70.5	-1.4%	35	23.9	Top
	11.2	All Four Permanent Molars Sealed by 10th Birthday (SFM-CH (Rate 2))	47.7	47.8	49.7	49.4	48.9	2.5%	N/A	N/A	N/A
Access to Care	12.0	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years	46.3	47.6	49.3	52.0	38.9	-16.0%	N/A	N/A	N/A
	12.1	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years	59.2	58.2	57.9	58.8	47.1	-20.4%	N/A	N/A	N/A
	12.2	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years	45.8	47.9	50.0	53.1	34.5	-24.7%	N/A	N/A	N/A
	12.3	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years	41.8	37.2	34.7	31.4	18.0	-56.9%	N/A	N/A	N/A
Acute Care	13.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	38.7	36.7	36.1	37.1	21.7	-43.9%	46	43.2	Top
	13.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	74.4	72.6	71.2	74.1	43.3	-41.8%	N/A	N/A	N/A
	13.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	38.9	37.0	36.5	38.3	20.7	-46.8%	N/A	N/A	N/A
	13.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	33.3	31.4	30.9	31.1	20.2	-39.3%	N/A	N/A	N/A

*<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-child-chart-pack.pdf>

KEY:

N/A	Indicates that data were unavailable or there were fewer than 25 states reporting.
Green	Indicates a favorable change between 2016 and 2020.
Red	Indicates an unfavorable change between 2016 and 2020.

SOURCE: prepared in collaboration with Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA).

NOTES:

- Years are calendar years. Limited to measures calculated administratively by RDA.
- Rates shown are percentages except for AMB, which are Emergency Department visits per thousand beneficiary months. Lower rates were desirable for LBW, NTSV Cesarean section, and AMB, while higher rates were desirable for all other measures.
- NTSV=Nulliparous Term Singleton Vertex Cesarean birth.
- CIS Combination 3 = at least 4 diphtheria, tetanus, and acellular pertussis + 3 polio + 1 measles, mumps, and rubella + 3 H influenza type B + 3 Hepatitis B + 1 chicken pox + 4 pneumococcal conjugate. IMA Combination 1 = at least one meningococcal vaccine on or between their 11th and 13th birthday and at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between their 10th and 13th birthdays. HPV vaccine for adolescents = at least 3-dose vaccine or 2-dose series separated by a minimum of 146 days by 13th birthday.
- *National Percentile ranking per CMS for measures with at least 25 states reporting. 2019 is the most recent measurement year available. Quartiles: Top quartile= above 75th percentile, Q3= above 50th but below 75th percentile, Q2= above 25th but below 50th percentile, Bottom quartile = below 25th percentile. Top quartile includes the best rates, regardless of whether lower or higher rates are most desirable. See <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-chart-pack.pdf>

Appendix B: Background and technical notes

HCA chose measures used by CMS, the Joint Commission, MCOs, ACHs, and HCA for tracking outcomes and performance of the state. The measures and their definitions are listed below. Data to calculate the measures came from Medicaid claims, encounters, and eligibility records from the Medicaid Management Information System (ProviderOne), vital records⁹, and immunization history.

The majority of Apple Health beneficiaries in Washington (85 percent)¹⁰ are enrolled in managed care. In 2020, five MCOs—Amerigroup Washington Inc., Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, and United Healthcare Community Plan—served Apple Health clients.

	TABLE	MEASURE	DEFINITION ¹¹	DATA SOURCE
Perinatal Care	1	Timeliness of Prenatal Care (PPC)	The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Apple Health, for women continuously enrolled 43 days pre-delivery through 56 days post-delivery. <i>NOTE:</i> This is an Accountable Communities of Health measure. This is also on the current managed care contract HEDIS performance measure list.	Birth certificates linked to Apple Health claims and eligibility data
	2	Low Birth Weight (LBW)	Percentage of live births that weighed less than 2,500 grams (5.5 pounds). <i>NOTE:</i> This is a Results Washington measure.	Birth Certificates (linked to Apple Health claims and eligibility data)
	3	NTSV Cesarean section	Percentage of women that had a Cesarean delivery among women with first live singleton births in a cephalic presentation (head-first) at 37 weeks gestation or later, also known as Nulliparous, Term, Singleton, Vertex (NTSV). <i>NOTE:</i> This is a Results Washington measure.	Birth Certificates (linked to Apple Health claims and eligibility)

⁹ Vital records include birth certificates from the Health Center for Health Statistics of DOH, individually linked to Medicaid clients in the First Steps Database, RDA. For CMS reported rates, the reported state rate is calculated based on State Vital Records submitted to the National Center for Health Statistics (NCHS) National Vital Statistics System.

¹⁰ Per Health Care Authority <https://www.hca.wa.gov/about-hca/client-eligibility-data-dashboard>. Accessed May 1, 2022.

¹¹ The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>

	TABLE	MEASURE	DEFINITION ¹²	DATA SOURCE
Perinatal Care	4.1	Contraceptive Care - All Women: Ages 15-20 Years (CCW)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception during the measurement year (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectables, oral pills, patch, ring, or diaphragm). <i>NOTE:</i> This is an Accountable Communities of Health measure.	Apple Health claims and eligibility data
	4.2	Contraceptive Care - All Women: Ages 15-20 Years (CCW-LARC)	The percent of women ages 15–20 at risk of unintended pregnancy who were provided a long-acting reversible contraception (LARC). <i>NOTE:</i> This is an Accountable Communities of Health measure.	Apple Health claims and eligibility data
	5.1	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP)	The percent of women ages 15–20 who were provided a most effective or moderately effective method of contraception within 60 days of delivery (sterilization, contraceptive implants, intrauterine devices or systems (IUD/IUS), injectables, oral pills, patch, ring, or diaphragm). <i>NOTE:</i> This is an Accountable Communities of Health measure.	Apple Health claims and eligibility data
	5.2	Contraceptive Care - Postpartum Women: Ages 15-20 Years (CCP-LARC)	The percent of women ages 15–20 who were provided a LARC within 60 days of delivery. <i>NOTE:</i> This is an Accountable Communities of Health measure.	Apple Health claims and eligibility data
Preventive Care	6	Childhood Immunizations Status (CIS)	Percentage of children who turned 2 years of age during the measurement year and had specific vaccines by their second birthday. The measure calculates a rate for each vaccine and nine combination rates. <i>NOTE:</i> This is a Managed Care Contract measure.	Apple Health claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)
	7.1	Immunizations for Adolescents (IMA) - Combination 1	Percentage of adolescents who turned 13 years old during the measurement year and had one dose of meningococcal vaccine, and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. This measure calculates a rate for each vaccine and combination rates.	Apple Health claims and eligibility data linked to immunization registry data (Washington State Immunization Information System)

¹² The CMS Child Core Set measure definitions are as specified in the set's Technical Specifications and Resource Manual. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>

	7.2	Immunizations for Adolescents (IMA) – Human Papillomavirus Vaccine (HPV)	Percentage of adolescents that turned 13 years of age during the measurement year and had three doses of the human papillomavirus vaccine or at least two HPV vaccines separated by a minimum of 146 days by their 13 th birthday. <i>NOTE: HPV included both male and female adolescents, and 2-dose or 3-dose series. National comparison was available separately for HPV and IMA combination 1.</i>	Administrative data linked to immunization registry data (Washington State Immunization Information System)
	TABLE	MEASURE	DEFINITION	DATA SOURCE
Preventive Care	8	Well-Child Visits in the First 15 Months of Life (W30 (Rate 1))	Percentage of children that turned 15 months old during the measurement year and had six or more well-child visits during their first 15 months of life. <i>NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
	9	Well-Child Visits: Age 15-30 Months (W30 (Rate 2))	Percentage of children ages 15-30 months that had two or more well-child visits during the measurement year. <i>NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
	10	Chlamydia Screening in Women Ages 16–20 Years (CHL)	Percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. <i>NOTE: This is an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
	11.1	One Sealant on Permanent Molar by 10th Birthday (SFM-CH (Rate 1))	Percentage of enrolled children who have ever received at least one sealant on permanent first molar teeth by 10 th birthdate. <i>NOTE: This is an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
	11.2	All Four Permanent Molars Sealed by 10th Birthday (SFM-CH (Rate 2))	Percentage of enrolled children who have all four molars sealed by 10th birthdate. <i>NOTE: This is an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
Access to Care	12.0	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years	Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit during the measurement year. <i>NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage
	12.1	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years	Percentage of children ages 3 to 11 who had at least one comprehensive well-care visit during the measurement year. <i>NOTE: This is a Managed Care Contract measure and an Accountable Communities of Health measure.</i>	Apple Health claims and eligibility data with vital statistics linkage

Access to Care	12.2	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years	Percentage of children ages 12 to 17 who had at least one comprehensive well-care visit during the measurement year. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage
	12.3	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years	Percentage of children ages 18 to 21 who had at least one comprehensive well-care during the measurement year. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage
Acute Care	13.0	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–19 Years	Rate of ED visits per 1,000 beneficiary months among children up to age 19. This measure is reported to CMS as an overall and calculated for three age groups for State reporting: less than 1, 1 to 9, and 10 to 19. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage Administrative
	13.1	Ambulatory Care — Emergency Department Visits (AMB): Ages 0–1 Year	Rate of ED visits per 1,000 beneficiary months among children ages 0 years to 1 year. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage Administrative
	13.2	Ambulatory Care — Emergency Department Visits (AMB): Ages 1–9 Years	Rate of ED visits per 1,000 beneficiary months among children ages 1 year to 9 years. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage Administrative
	13.3	Ambulatory Care — Emergency Department Visits (AMB): Ages 10–19 Years	Rate of ED visits per 1,000 beneficiary months among children ages 10 years to 19 years. <i>NOTE:</i> This is a Managed Care Contract measure and an Accountable Communities of Health measure.	Apple Health claims and eligibility data with vital statistics linkage Administrative

CMS Child Core Set of Health Care Quality Measures

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

CMS separates several measures in the Child Core Set into sub-measures, which are based on age or other factors. For example, Child and Adolescent Well-Care Visits is a primary measure, but it is reported for multiple age groups, which are counted as three sub-measures. CMS updates the Child Core Set over time by retiring measures and adding new measures through an annual review process.

Since 2011, CMS has released data on the Child Core Set in the Annual Report on the Quality of Care for Children in Apple Health and CHIP (CMS Annual Report).¹³ That annual report includes:

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

The most recent CMS Annual Report is for services provided in 2019. For measures with at least 25 states reporting, the CMS Annual Report calculates the reporting states' median performance measure rates and ranks states by percentile and quartile.¹⁵

CMS Child Core Set measure data limitations

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

- There are no national benchmarks for the Child Core Set measures.
- Each measure's national median is based on data that states voluntarily report each year.
- Some states do not report on some measures, and not every state reports on the same measures each year.
- State rankings on a measure may not be comparable between years.
- A lower ranking on a measure does not necessarily indicate a larger gap between that state's rate and the national median, especially when the difference between the state's rate and the national median is relatively small.
- Data in the 2019 CMS Annual Report is one year older than the most recent state data on the CMS Child Core Set, making national comparison data not yet available for care delivered in calendar year 2020.

¹³ Available on the Medicaid.gov website at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html#AnnualReporting>

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

¹⁵ The minimum threshold of 25 reporting states was reached on 18 primary measures. Several of the 18 measures are broken down by age or other detail, resulting in 26 measures and sub-measures that are included in this brief.

Measures chosen from the Child Core Set

In this report, we presented data from calendar years 2016-2020 for the same 14 measures (total of 23, including sub-measures) that Washington State reported in the 2019 CMS Annual Report.

Table 1: List of measures

1	Timeliness of Prenatal Care (PCP)
2	Low Birth Weight (LBW)
3	NTSV Cesarean section
4.1	Contraceptive Care — All Women: Ages 15-20 Years (CCW)
4.2	Contraceptive Care — All Women: Ages 15-20 Years (CCW-LARC)
5.1	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP)
5.2	Contraceptive Care — Postpartum Women: Ages 15-20 Years (CCP-LARC)
6	Childhood Immunizations by Age Two (CIS) (combination 3)
7.1	Immunizations for Adolescents Who Turned 13 (IMA) (combination 1)
7.2	Human Papillomavirus Vaccine (HPV)
8	Well-Child Visits in the First 15 Months of Life(W30 (Rate 1))
9	Well-Child Visits: 15-30 Months of Life (W30 (Rate 2))
10	Chlamydia Screening in Women Ages 16–20 Years (CHL)
11.1	One Sealant on a Permanent Molar by 10th Birthday (SFM-CH (Rate 1))
11.2	All Four Permanent Molars Sealed by 10th Birthday (SFM-CH (Rate 2))
12.0	Child and Adolescent Well-Care Visits (WCV): Ages 3-21 Years
12.1	Child and Adolescent Well-Care Visits (WCV): Ages 3-11 Years
12.2	Child and Adolescent Well-Care Visits (WCV): Ages 18-21 Years
12.3	Child and Adolescent Well-Care Visits (WCV): Ages 12-17 Years
13.0	Ambulatory Care — Emergency Department Visits (AMB), ages 0-19 years (overall)
13.1	Ambulatory Care — Emergency Department Visits (AMB), ages 0-1 year
13.2	Ambulatory Care — Emergency Department Visits (AMB), ages 2-9 years
13.3	Ambulatory Care — Emergency Department Visits (AMB), ages 10-19 years

The Joint Commission

The Joint Commission collects performance measures from hospitals accredited by the Joint Commission as part of their quality initiatives. There are a specific set of Perinatal Care measures that are evidenced-based and endorsed by the NQF.

The Perinatal Care set consists of five measures, one of which we included in this report: exclusive breastfeeding at discharge. These are reportable only by hospitals accredited by the Joint Commission and do not include childbirth centers and hospitals accredited by other organizations. Prior to 2014, hospital submission of Perinatal Care Measure data was voluntary, so most hospitals were not submitting this data to the Joint Commission. In January of 2014, the Joint Commission began to require Perinatal Care Measure data for hospitals that had greater than or equal to 1,100 per year delivery volume. In January 2016, the Joint Commission lowered the delivery volume threshold to less than or equal to 300 deliveries per year for requirement of submission of data. This was so hospitals with lower delivery volume could begin to submit data. The publicly available data is only available in rolling quarters for the past 12 months.

Exclusive breast milk feeding for the first six months of life has long been the expressed goal of World Health Organization (WHO), U.S. Department of Health and Human Services (HHS), American Academy of Pediatrics (AAP), and American College of Obstetricians and Gynecologists (ACOG). Cochrane reviews also support the benefits, and much evidence has focused on the prenatal and intrapartum period as critical for the success of

exclusive (or any) breastmilk feeding. During April 2021 and March 2022, 28 hospitals in Washington State reported on exclusive breast milk feeding.

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

The CDC has conducted annual or biennial surveys to hospitals and childbirth centers since 2007. The survey asks questions about policies, practices, and protocols related to staff training, newborn/maternal contact, infant feeding, and discharge planning. This is voluntary, and CDC does not provide individual facility responses. In 2018, CDC changed the mPINC survey design and collected information on birthing hospitals only.

The CDC calculates scores on a scale from 0–100 for most individual survey items. Higher scores mean better maternity care practices and policies. CDC calculates facility mPINC subscores across six maternity care practice domains, which in turn contribute to every facility's Total Facility mPINC Score. The maternity practice domains are:

1. Immediate Postpartum Care
2. Rooming-In
3. Feeding Practices
4. Feeding Education & Support
5. Discharge Support
6. Institutional Management

The following tables contain mPINC survey measures in the Immediate Postpartum Care and Rooming-In domains that are relevant to skin-to-skin contact and rooming-in practices.

Table 2: Immediate postpartum care

Measure	Explanation	Survey item	Scoring
Immediate skin-to-skin contact	After vaginal delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers immediately after birth ... - if breastfeeding, until the first breastfeeding is completed. - if not breastfeeding, for at least one hour.	C1_a1 C1_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.
	After Cesarean-delivery, percent of newborns who remain in uninterrupted skin-to-skin contact with their mothers as soon as the mother is responsive and alert ... - if breastfeeding, until the first breastfeeding is completed. - if not breastfeeding, for at least one hour.	C2_a1 C2_a2	100 = Most 70 = Many 30 = Some 0 = Few Items scored then averaged.
Transition	Percent of vaginally delivered newborns separated from their mothers before starting rooming-in.	C3	100 = Few 70 = Some 30 = Many 0 = Most OR Not an Option
Monitoring following birth	Percent of newborns who receive continuous observed monitoring throughout the first two hours immediately following birth.	C5	100 = Most 70 = Many 30 = Some 0 = Few
	Immediate Postpartum Care Subscore		Mean of the 4 item scores†

†The subscore for hospitals with a valid skip for immediate skin-to-skin after Cesarean delivery was the mean of three items scored.

Table 3: Rooming-In

Measure	Explanation	Survey item	Scoring
Rooming-In	Percent of newborns who stay in the room with their mothers for 24 hours/day (not including separation for medical reasons).	C4_a1	100: 80%+ 70: 50-79% 30: 20-49% 0: <20%
Mother-infant separation	Indicates usual location of newborns during... - pediatric exams/rounds. - hearing screening. - pulse oximetry screening. - routine labs/blood draws/injections. - newborn bath.	C6_a1 C6_a2 C6_a4 C6_a5 C6_a6	100 = in mother's room for all 5 situations 70 = removed from mother's room for 1-2 situations 30 = removed from mother's room for 3-4 situations 0 = removed from mother's room for all 5 situations
Rooming-in safety	Indicates whether your hospital has a protocol requiring frequent observations of high-risk mother-infant dyads by nurses to ensure safety of the infant while they are together.	C7	100 = Yes 0 = No
	Rooming-In Subscore		Mean of the three item scores

Appendix C: Detailed Performance Tables, 2016-2020

Table 1a: Timeliness of Prenatal Care (PPC), by Health Care Delivery Model 2016-2020

Measure PPC -- Timeliness of Prenatal Care															
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Health Care Delivery Model															
Washington Medicaid Women with Births 2016-2020 Continuously Enrolled 43 Days Pre- through 60 Days Post-Delivery															
Medicaid Managed Care Plan/Model	2016			2017			2018			2019			2020		
	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)	Women (N)	Timely PNC (N)	Timely PNC (%)
Amerigroup Washington Inc	2,486	2,125	85.5%	2,314	1,948	84.2%	2,221	1,893	85.2%	2,415	2,046	84.7%	2,610	2,301	88.2%
Community Health Plan of WA	4,989	4,316	86.5%	4,496	3,849	85.6%	3,870	3,352	86.6%	3,367	2,916	86.6%	2,463	2,193	89.0%
Coordinated Care of WA	3,409	2,957	86.7%	3,091	2,675	86.5%	2,838	2,485	87.6%	2,378	2,064	86.8%	2,211	1,991	90.0%
Molina Healthcare of WA	13,080	11,350	86.8%	12,719	11,042	86.8%	12,437	10,896	87.6%	11,875	10,332	87.0%	12,105	10,827	89.4%
UnitedHealthcare Community Plan	3,654	3,139	85.9%	3,399	2,932	86.3%	3,027	2,638	87.1%	2,113	1,799	85.1%	2,291	2,019	88.1%
Primary Care Case Mgmt (PCCM)	126	104	82.5%	70	54	77.1%	60	40	66.7%	40	28	70.0%	22	14	63.6%
Medicaid Managed Care/Model	27,744	23,991	86.5%	26,089	22,500	86.2%	24,453	21,304	87.1%	22,188	19,185	86.5%	21,702	19,345	89.1%
Medicaid Fee for Service	6,446	5,751	89.2%	5,575	4,974	89.2%	5,229	4,651	88.9%	4,726	4,270	90.4%	4,362	3,930	90.1%
Total Medicaid	34,190	29,742	87.0%	31,664	27,474	86.8%	29,682	25,955	87.4%	26,914	23,455	87.1%	26,064	23,275	89.3%

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, women enrolled in hospice, and records with missing information about when prenatal care began (5.3% in 2020) that also had no prenatal care claims within 42 days of Medicaid enrollment.

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

Continuous enrollment refers to Medicaid and is not plan-specific. Enrollment start is the 15th of the first month of eligibility for this analysis. **Plan** listed is enrollment plan during month of delivery.

Managed care refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **PCCM** is Primary Care Case Management. **Timely PNC** refers to women who began prenatal care in the first three months of pregnancy or within 42 days of Medicaid eligibility.

Table 1b: Timeliness of Prenatal Care (PPC), by Race/Ethnicity 2016-2020

Measure PPC -- Timeliness of Prenatal Care															
Prenatal Care First Trimester or Within 42 Days of Medicaid Enrollment by Race/Ethnicity															
Washington Medicaid Women with Births 2016-2020 Continuously Enrolled 43 Days Pre- through 60 Days Post-Delivery															
	2016			2017			2018			2019			2020		
	Women	Timely PNC	Timely PNC (%)	Women	Timely PNC	Timely PNC (%)	Women	Timely PNC	Timely PNC (%)	Women	Timely PNC	Timely PNC (%)	Women	Timely PNC	Timely PNC (%)
	(N)	(N)	(%)	(N)	(N)	(%)	(N)	(N)	(%)	(N)	(N)	(%)	(N)	(N)	(%)
Medicaid															
Hispanic	10,646	9,502	89.3%	9,875	8,836	89.5%	9,606	8,575	89.3%	8,960	8,029	89.6%	8,795	8,003	91.0%
Not Hispanic or Ethnicity Unknown															
White	15,549	13,528	87.0%	14,114	12,221	86.6%	12,793	11,230	87.8%	11,215	9,827	87.6%	10,691	9,561	89.4%
Asian	1,802	1,622	90.0%	1,691	1,530	90.5%	1,440	1,305	90.6%	1,304	1,165	89.3%	1,164	1,064	91.4%
Black	2,243	1,898	84.6%	2,122	1,781	83.9%	1,993	1,722	86.4%	1,816	1,487	81.9%	1,876	1,620	86.4%
American Indian/Alaska Native	816	631	77.3%	661	498	75.3%	670	504	75.2%	589	470	79.8%	561	469	83.6%
Hawaiian/Pacific Islander	761	585	76.9%	720	547	76.0%	712	531	74.6%	685	503	73.4%	685	541	79.0%
More Than One Race	1,656	1,388	83.8%	1,643	1,371	83.4%	1,593	1,358	85.2%	1,455	1,237	85.0%	1,434	1,253	87.4%
Other/Unknown	717	588	82.0%	838	690	82.3%	875	730	83.4%	890	737	82.8%	858	764	89.0%
Total Medicaid	34,190	29,742	87.0%	31,664	27,474	86.8%	29,682	25,955	87.4%	26,914	23,455	87.1%	26,064	23,275	89.3%

Excludes women who are eligible for both Medicaid and Medicare, women with full third-party liability, women enrolled in hospice, and records with missing information about when prenatal care began (5.3% in 2020) that also had no prenatal care claims within 42 days of Medicaid enrollment.

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

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

Table 2a: Low Birth Weight (LBW), by Health Care Delivery Model 2016-2020

Measure LBW -- Low Birth Weight
Low Birth Weight (<2500 g) by Health Care Delivery Model
Live Births 2016-2020

	2016			2017			2018			2019			2020		
	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	3,059	218	7.1%	3,160	252	8.0%	3,019	226	7.5%	3,536	263	7.4%	3,639	273	7.5%
Community Health Plan of WA	5,986	430	7.2%	5,766	434	7.5%	5,083	383	7.5%	4,813	332	6.9%	3,602	246	6.8%
Coordinated Care of Washington	4,067	324	8.0%	4,003	305	7.6%	3,727	270	7.2%	3,344	252	7.5%	3,011	237	7.9%
Molina Healthcare of WA	15,602	1,086	7.0%	16,821	1,239	7.4%	16,766	1,165	6.9%	17,056	1,217	7.1%	17,451	1,276	7.3%
UnitedHealthcare Community Plan	4,535	357	7.9%	4,680	343	7.3%	4,392	353	8.0%	3,291	227	6.9%	3,547	260	7.3%
Medicaid Managed Care/Model	33,422	2,430	7.3%	34,522	2,578	7.5%	33,061	2,407	7.3%	32,093	2,300	7.2%	31,274	2,295	7.3%
Medicaid Fee for Service	10,299	656	6.4%	7,340	484	6.6%	6,896	485	7.0%	6,345	444	7.0%	5,751	434	7.5%
Total Medicaid	43,721	3,086	7.1%	41,862	3,062	7.3%	39,957	2,892	7.2%	38,438	2,744	7.1%	37,025	2,729	7.4%
Total Non-Medicaid	45,252	2,557	5.7%	44,022	2,559	5.8%	44,472	2,639	5.9%	44,843	2,575	5.7%	44,445	2,672	6.0%
State Total	88,973	5,643	6.3%	85,884	5,621	6.5%	84,429	5,531	6.6%	83,281	5,319	6.4%	81,470	5,401	6.6%

Excludes records with missing or invalid birth weight information. **Medicaid** refers to women who had Medicaid-paid maternity care. Plan listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan or Primary Care Case Management during the month of delivery.

Table 2b: Low Birth Weight (LBW), by Race/Ethnicity 2016-2020

Measure LBW -- Low Birth Weight
Low Birth Weight (<2500 g) by Maternal Race/Ethnicity
Live Births 2016-2020

	2016			2017			2018			2019			2020		
	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)	Live Births (N)	LBW (N)	LBW (%)
Medicaid															
Hispanic	12,994	829	6.4%	12,305	809	6.6%	12,030	809	6.7%	11,846	827	7.0%	11,655	800	6.9%
Not Hispanic or Ethnicity Unknown															
White	20,502	1,397	6.8%	19,384	1,356	7.0%	18,090	1,211	6.7%	16,915	1,125	6.7%	16,043	1,064	6.6%
Asian	2,320	185	8.0%	2,276	186	8.2%	1,981	167	8.4%	1,931	171	8.9%	1,749	147	8.4%
Black	2,896	301	10.4%	2,746	303	11.0%	2,634	245	9.3%	2,591	239	9.2%	2,591	280	10.8%
American Indian/Alaska Native	1,067	87	8.2%	919	74	8.1%	931	76	8.2%	840	73	8.7%	770	63	8.2%
Hawaiian/Pacific Islander	959	56	5.8%	952	74	7.8%	952	77	8.1%	991	52	5.2%	965	75	7.8%
More Than One Race	2,100	162	7.7%	2,218	171	7.7%	2,221	206	9.3%	2,126	154	7.2%	2,093	180	8.6%
Other/Unknown	883	69	7.8%	1,062	89	8.4%	1,118	101	9.0%	1,198	103	8.6%	1,159	120	10.4%
Total Medicaid	43,721	3,086	7.1%	41,862	3,062	7.3%	39,957	2,892	7.2%	38,438	2,744	7.1%	37,025	2,729	7.4%
Non-Medicaid															
Hispanic	3,375	211	6.3%	3,440	204	5.9%	3,829	246	6.4%	4,081	234	5.7%	4,181	277	6.6%
Not Hispanic or Ethnicity Unknown															
White	31,599	1,577	5.0%	30,094	1,545	5.1%	29,580	1,492	5.0%	29,317	1,469	5.0%	28,931	1,521	5.3%
Asian	6,636	520	7.8%	6,701	558	8.3%	6,875	559	8.1%	7,107	544	7.7%	6,831	519	7.6%
Black	1,038	88	8.5%	1,146	98	8.6%	1,175	130	11.1%	1,217	118	9.7%	1,290	139	10.8%
American Indian/Alaska Native	271	14	5.2%	219	15	6.8%	266	17	6.4%	223	17	7.6%	238	20	8.4%
Hawaiian/Pacific Islander	234	24	10.3%	245	18	7.3%	234	20	8.5%	261	17	6.5%	289	19	6.6%
More Than One Race	1,646	96	5.8%	1,597	88	5.5%	1,799	132	7.3%	1,793	111	6.2%	1,814	112	6.2%
Other/Unknown	453	27	6.0%	580	33	5.7%	714	43	6.0%	844	65	7.7%	871	65	7.5%
Total Non-Medicaid	45,252	2,557	5.7%	44,022	2,559	5.8%	44,472	2,639	5.9%	44,843	2,575	5.7%	44,445	2,672	6.0%
State Total	88,973	5,643	6.3%	85,884	5,621	6.5%	84,429	5,531	6.6%	83,281	5,319	6.4%	81,470	5,401	6.6%

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

Table 3a: NTSV Cesarean section, by Health Care Delivery Model 2016-2020

NTSV Cesarean Section

Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Health Care Delivery Model 2016-2020

Medicaid Managed Care Plan/Model	2016			2017			2018			2019			2020		
	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Amerigroup Washington Inc	1,079	226	20.9%	1,026	246	24.0%	891	196	22.0%	1,048	234	22.3%	1,043	242	23.2%
Community Health Plan of WA	1,734	327	18.9%	1,682	307	18.3%	1,491	320	21.5%	1,391	263	18.9%	975	194	19.9%
Coordinated Care of WA	1,295	260	20.1%	1,224	258	21.1%	1,066	209	19.6%	943	182	19.3%	856	170	19.9%
Molina Healthcare of WA	3,977	835	21.0%	4,340	928	21.4%	4,473	926	20.7%	4,459	930	20.9%	4,592	1,016	22.1%
UnitedHealthcare Community Plan	1,489	340	22.8%	1,490	342	23.0%	1,246	270	21.7%	1,007	232	23.0%	1,054	240	22.8%
Medicaid Managed Care/Model	9,610	1,995	20.8%	9,790	2,084	21.3%	9,187	1,924	20.9%	8,859	1,844	20.8%	8,529	1,863	21.8%
Medicaid Fee for Service	2,315	471	20.3%	1,447	303	20.9%	1,406	298	21.2%	1,313	288	21.9%	1,219	284	23.3%
Total Medicaid	11,925	2,466	20.7%	11,237	2,387	21.2%	10,593	2,222	21.0%	10,172	2,132	21.0%	9,748	2,147	22.0%
Total Non-Medicaid	17,403	4,136	23.8%	16,891	4,144	24.5%	16,721	4,096	24.5%	16,992	4,066	23.9%	16,948	4,273	25.2%
State Total	29,328	6,602	22.5%	28,128	6,531	23.2%	27,314	6,318	23.1%	27,164	6,198	22.8%	26,696	6,420	24.0%

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state resident births. **Medicaid** refers to women who had Medicaid-paid maternity care. **Plan/Model** listed is enrollment plan during month of delivery. **Managed care** refers to Medicaid women enrolled in a state-contracted managed care plan during the month of delivery. **C-Sec** = C-Section. **NTSV**=nulliparous, term, single, vertex. -- = not available or not applicable, or rate not reported due to small numbers. Note that the CMS Child Core Set measure Low Risk Cesarean Delivery differs from results presented here in that CMS calculates the measure based on birth certificate indication of Medicaid as payor for delivery, whereas this table is based on receipt of Medicaid-paid maternity care (delivery and/or care during pregnancy), and vital statistics linkage to Medicaid records, resulting in a greater number of records indicated as Medicaid.

Table 3b: NTSV Cesarean section, by Race/Ethnicity 2016-2020

NTSV Cesarean Section
Cesarean Rate for Nulliparous Term Singleton Vertex Live Births by Maternal Race/Ethnicity 2016-2020

	2016			2017			2018			2019			2020		
	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)	NTSV Births (N)	C-Sec (N)	C-Sec (%)
Medicaid															
Hispanic	3,197	640	20.0%	3,084	615	19.9%	2,914	577	19.8%	2,978	556	18.7%	3,029	590	19.5%
Not Hispanic or Ethnicity Unknown															
White	5,850	1,134	19.4%	5,361	1,107	20.6%	5,037	1,035	20.5%	4,611	932	20.2%	4,294	942	21.9%
Asian	769	168	21.8%	735	165	22.4%	653	157	24.0%	584	134	22.9%	529	135	25.5%
Black	758	234	30.9%	703	221	31.4%	680	190	27.9%	674	215	31.9%	586	174	29.7%
American Indian/Alaska Native	244	41	16.8%	211	34	16.1%	205	33	16.1%	195	36	18.5%	173	33	19.1%
Hawaiian/Pacific Islander	222	70	31.5%	207	51	24.6%	200	54	27.0%	219	52	23.7%	211	61	28.9%
More Than One Race	665	138	20.8%	698	139	19.9%	675	128	19.0%	633	143	22.6%	651	142	21.8%
Other/Unknown	220	41	18.6%	238	55	23.1%	229	48	21.0%	278	64	23.0%	275	70	25.5%
Total Medicaid	11,925	2,466	20.7%	11,237	2,387	21.2%	10,593	2,222	21.0%	10,172	2,132	21.0%	9,748	2,147	22.0%
Non-Medicaid															
Hispanic	1,385	375	27.1%	1,320	308	23.3%	1,498	367	24.5%	1,524	334	21.9%	1,580	440	27.8%
Not Hispanic or Ethnicity Unknown															
White	11,728	2,592	22.1%	11,161	2,552	22.9%	10,741	2,496	23.2%	10,760	2,409	22.4%	10,762	2,490	23.1%
Asian	2,846	812	28.5%	2,870	865	30.1%	2,965	819	27.6%	3,078	875	28.4%	2,965	854	28.8%
Black	436	134	30.7%	483	145	30.0%	420	132	31.4%	441	146	33.1%	446	159	35.7%
American Indian/Alaska Native	85	23	27.1%	64	14	21.9%	81	24	29.6%	71	17	23.9%	65	16	24.6%
Hawaiian/Pacific Islander	88	22	25.0%	93	22	23.7%	65	20	30.8%	69	19	27.5%	97	29	29.9%
More Than One Race	675	135	20.0%	672	178	26.5%	696	173	24.9%	736	191	26.0%	723	188	26.0%
Other/Unknown	160	43	26.9%	228	60	26.3%	255	65	25.5%	313	75	24.0%	310	97	31.3%
Total Non-Medicaid	17,403	4,136	23.8%	16,891	4,144	24.5%	16,721	4,096	24.5%	16,992	4,066	23.9%	16,948	4,273	25.2%
State Total	29,328	6,602	22.5%	28,128	6,531	23.2%	27,314	6,318	23.1%	27,164	6,198	22.8%	26,696	6,420	24.0%

Excludes records with missing or invalid birth weight information, cases where mother was transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital. Limited to in-state resident births. **Race/ethnicity** categories are mutually exclusive; Hispanic women may be of any race. **Medicaid** refers to women who had Medicaid-paid maternity care. Note that the CMS Child Core Set measure Low Risk Cesarean Delivery differs from results presented here in that CMS calculates the measure based on birth certificate indication of Medicaid as payor for delivery, whereas this table is based on receipt of Medicaid-paid maternity care (delivery and/or care during pregnancy), and vital statistics linkage to Medicaid records, resulting in a greater number of records indicated as Medicaid.

Table 4.1a: Contraceptive Care – Women Ages 15-20 (CCW), By Health Care Delivery Model 2016-2020

Measure CCW: Contraceptive Care -- Women Ages 15-20

**Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	3,240	1,050	32.4%	3,364	1,114	33.1%	3,402	1,087	32.0%	4,353	1,314	30.2%	5,894	1,555	26.4%
Community Health Plan of WA	13,294	3,585	27.0%	12,949	3,502	27.0%	11,648	3,078	26.4%	10,777	2,796	25.9%	10,965	2,380	21.7%
Coordinated Care of WA	6,575	1,770	26.9%	9,032	2,668	29.5%	8,692	2,575	29.6%	8,480	2,559	30.2%	9,153	2,465	26.9%
Molina Healthcare of WA Inc	32,135	10,143	31.6%	33,989	10,682	31.4%	34,286	10,581	30.9%	34,743	10,624	30.6%	41,379	11,377	27.5%
United Health Care Community Plan	5,738	1,730	30.1%	5,905	1,828	31.0%	5,809	1,783	30.7%	4,604	1,344	29.2%	6,076	1,652	27.2%
Other	15,208	4,764	31.3%	10,752	3,204	29.8%	11,434	3,213	28.1%	11,780	3,465	29.4%	9,364	2,360	25.2%
Medicaid Managed Care/Model	76,190	23,042	30.2%	75,991	22,998	30.3%	75,271	22,317	29.6%	74,737	22,102	29.6%	82,831	21,789	26.3%
Medicaid Fee for Service	3,549	1,396	39.3%	3,077	1,254	40.8%	2,924	1,135	38.8%	3,116	1,203	38.6%	2,918	901	30.9%
Total	79,739	24,438	30.6%	79,068	24,252	30.7%	78,195	23,452	30.0%	77,853	23,305	29.9%	85,749	22,690	26.5%

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last two months of the measurement year; and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one plan during the year. **Plan** listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. **Other** includes both Uncategorized and PCCM, defined as follows: **Uncategorized** indicates that a woman had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months; **PCCM** is Primary Care Case Management. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. Continued use of some methods may not be identified in claims or encounters. **Eligible women** are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date.

Table 4.1b: Contraceptive Care – Women Ages 15-20 (CCW), By Race/Ethnicity 2016-2020

Measure CCW: Contraceptive Care -- Women Ages 15-20

**Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	More/Most Effective Contraception Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	23,184	5,479	23.6%	24,160	5,884	24.4%	25,425	6,163	24.2%	26,682	6,697	25.1%	30,416	6,678	22.0%
Not Hispanic or Ethnicity Unknown															
White	36,744	13,876	37.8%	35,079	13,189	37.6%	32,882	12,261	37.3%	31,385	11,590	36.9%	33,424	11,127	33.3%
Asian	3,553	692	19.5%	3,401	692	20.3%	3,286	621	18.9%	3,139	639	20.4%	3,417	626	18.3%
Black	5,432	1,382	25.4%	5,226	1,277	24.4%	5,103	1,239	24.3%	4,996	1,144	22.9%	5,588	1,133	20.3%
American Indian/Alaska Native	2,205	758	34.4%	2,297	797	34.7%	2,446	821	33.6%	2,428	780	32.1%	2,756	830	30.1%
Hawaiian/Pacific Islander	1,915	392	20.5%	1,877	397	21.2%	1,850	340	18.4%	1,874	303	16.2%	2,169	317	14.6%
More Than One Race	1,973	716	36.3%	2,361	866	36.7%	2,745	964	35.1%	2,926	1,116	38.1%	2,930	968	33.0%
Other/Unknown	4,733	1,143	24.1%	4,667	1,150	24.6%	4,458	1,043	23.4%	4,423	1,036	23.4%	5,049	1,011	20.0%
Total	79,739	24,438	30.6%	79,068	24,252	30.7%	78,195	23,452	30.0%	77,853	23,305	29.9%	85,749	22,690	26.5%

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last two months of the measurement year; and women who were pregnant at the end of the measurement year. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. Continued use of some methods may not be identified in claims or encounters. **Eligible women** are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date.

Table 4.2a: Contraceptive Care – Women Ages 15-20 (CCW) - LARC, By Health Care Delivery Model 2016-2020

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
By Health Care Delivery Model 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	3,240	185	5.7%	3,364	200	5.9%	3,402	212	6.2%	4,353	262	6.0%	5,894	307	5.2%
Community Health Plan of WA	13,294	643	4.8%	12,949	673	5.2%	11,648	661	5.7%	10,777	552	5.1%	10,965	470	4.3%
Coordinated Care of WA	6,575	342	5.2%	9,032	559	6.2%	8,692	498	5.7%	8,480	514	6.1%	9,153	523	5.7%
Molina Healthcare of WA Inc	32,135	1,829	5.7%	33,989	2,080	6.1%	34,286	1,980	5.8%	34,743	2,068	6.0%	41,379	2,012	4.9%
United Health Care Community Plan	5,738	287	5.0%	5,905	352	6.0%	5,809	340	5.9%	4,604	255	5.5%	6,076	305	5.0%
Other	15,208	942	6.2%	10,752	656	6.1%	11,434	658	5.8%	11,780	756	6.4%	9,364	462	4.9%
Medicaid Managed Care/Model	76,190	4,228	5.5%	75,991	4,520	5.9%	75,271	4,349	5.8%	74,737	4,407	5.9%	82,831	4,079	4.9%
Medicaid Fee for Service	3,549	284	8.0%	3,077	257	8.4%	2,924	237	8.1%	3,116	283	9.1%	2,918	179	6.1%
Total	79,739	4,512	5.7%	79,068	4,777	6.0%	78,195	4,586	5.9%	77,853	4,690	6.0%	85,749	4,258	5.0%

LARC=long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date. **Excludes** women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infertile; women who had a live birth in the last two months of the measurement year; and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one plan during the year. **Plan** listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. **Other** includes both Uncategorized and PCCM, defined as follows: **Uncategorized** indicates that a woman had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months; **PCCM** is Primary Care Case Management.

Table 4.2b: Contraceptive Care – Women Ages 15-20 (CCW) - LARC, By Race/Ethnicity 2016-2020

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	23,184	1,177	5.1%	24,160	1,274	5.3%	25,425	1,326	5.2%	26,682	1,443	5.4%	30,416	1,400	4.6%
Not Hispanic or Ethnicity Unknown															
White	36,744	2,365	6.4%	35,079	2,417	6.9%	32,882	2,317	7.0%	31,385	2,244	7.1%	33,424	2,046	6.1%
Asian	3,553	119	3.3%	3,401	128	3.8%	3,286	99	3.0%	3,139	138	4.4%	3,417	101	3.0%
Black	5,432	297	5.5%	5,226	268	5.1%	5,103	232	4.5%	4,996	210	4.2%	5,588	161	2.9%
American Indian/Alaska Native	2,205	147	6.7%	2,297	189	8.2%	2,446	175	7.2%	2,428	175	7.2%	2,756	176	6.4%
Hawaiian/Pacific Islander	1,915	67	3.5%	1,877	90	4.8%	1,850	75	4.1%	1,874	63	3.4%	2,169	70	3.2%
More Than One Race	1,973	139	7.0%	2,361	190	8.0%	2,745	188	6.8%	2,926	217	7.4%	2,930	163	5.6%
Other/Unknown	4,733	201	4.2%	4,667	221	4.7%	4,458	174	3.9%	4,423	200	4.5%	5,049	141	2.8%
Total	79,739	4,512	5.7%	79,068	4,777	6.0%	78,195	4,586	5.9%	77,853	4,690	6.0%	85,749	4,258	5.0%

LARC=long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date.

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last two months of the measurement year; and women who were pregnant at the end of the measurement year. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race.

Table 5.1a: Contraceptive Care – Postpartum Women Ages 15-20 (CCP), By Health Care Delivery Model 2016-2020

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20

**Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception
Within Sixty Days of Delivery
By Year and Health Care Delivery Model**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	142	53	37.3%	132	68	51.5%	119	57	47.9%	160	67	41.9%	145	63	43.4%
Community Health Plan of WA	456	204	44.7%	384	184	47.9%	291	117	40.2%	279	117	41.9%	221	103	46.6%
Coordinated Care of WA	310	141	45.5%	316	149	47.2%	247	111	44.9%	229	111	48.5%	190	92	48.4%
Molina Healthcare of WA Inc	1,102	463	42.0%	995	432	43.4%	961	426	44.3%	893	447	50.1%	830	367	44.2%
United Health Care Community Plan	199	89	44.7%	180	78	43.3%	128	57	44.5%	93	36	38.7%	84	37	44.0%
Other	203	85	41.9%	127	50	39.4%	114	37	32.5%	117	53	45.3%	106	48	45.3%
Medicaid Managed Care/Model	2,412	1,035	42.9%	2,134	961	45.0%	1,860	805	43.3%	1,771	831	46.9%	1,576	710	45.1%
Medicaid Fee for Service	144	55	38.2%	101	42	41.6%	96	27	28.1%	88	36	40.9%	72	28	38.9%
Total	2,556	1,090	42.6%	2,235	1,003	44.9%	1,956	832	42.5%	1,859	867	46.6%	1,648	738	44.8%

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. Women may have been enrolled in more than one plan during the year. **Plan** listed is the Medicaid managed care plan that the woman was enrolled in from delivery through 60 days postpartum. **Other** includes both Uncategorized and PCCM, defined as follows: **Uncategorized** indicates that a woman had more enrollment months in managed care than in fee-for-service status from month of delivery through 60 days postpartum but was not enrolled in a single managed care plan throughout that time; **PCCM** is Primary Care Case Management. **Most or moderately effective FDA-approved contraception methods:** female sterilization, contraceptive implants, intrauterine devices or systems, injectables, oral pills, patch, ring, or diaphragm. **Eligible women** are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 5.1b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP), By Race/Ethnicity 2016-2020

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20

Percentage Who Were Provided a Most Effective or Moderately Effective FDA-approved Method of Contraception

Within Sixty Days of Delivery

By Year and Race/Ethnicity

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	Used More/Most Effective Contraception Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20		TOTAL ELIGIBLE WOMEN	Used More/Most Effective Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	865	394	45.5%	777	386	49.7%	720	312	43.3%	742	363	48.9%	716	345	48.2%
Not Hispanic or Ethnicity Unknown															
White	1,141	510	44.7%	970	442	45.6%	775	348	44.9%	699	345	49.4%	592	260	43.9%
Asian	26	**	**	23	**	**	11	**	**	13	**	**	9	**	**
Black	153	51	33.3%	137	52	38.0%	114	48	42.1%	90	28	31.1%	72	26	36.1%
American Indian/Alaska Native	100	31	31.0%	105	40	38.1%	102	37	36.3%	88	33	37.5%	67	29	43.3%
Hawaiian/Pacific Islander	92	35	38.0%	52	13	25.0%	57	19	33.3%	64	12	18.8%	51	15	29.4%
More Than One Race	88	30	34.1%	86	23	26.7%	100	41	41.0%	109	52	47.7%	95	44	46.3%
Other/Unknown	91	**	**	85	**	**	77	**	**	54	**	**	46	**	**
Total	2,556	1,090	42.6%	2,235	1,003	44.9%	1,956	832	42.5%	1,859	867	46.6%	1,648	738	44.8%

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

Table 5.2a: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) - LARC, By Health Care Delivery Model 2016-2020

Measure CCW: Contraceptive Care -- Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
By Health Care Delivery Model 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	3,240	185	5.7%	3,364	200	5.9%	3,402	212	6.2%	4,353	262	6.0%	5,894	307	5.2%
Community Health Plan of WA	13,294	643	4.8%	12,949	673	5.2%	11,648	661	5.7%	10,777	552	5.1%	10,965	470	4.3%
Coordinated Care of WA	6,575	342	5.2%	9,032	559	6.2%	8,692	498	5.7%	8,480	514	6.1%	9,153	523	5.7%
Molina Healthcare of WA Inc	32,135	1,829	5.7%	33,989	2,080	6.1%	34,286	1,980	5.8%	34,743	2,068	6.0%	41,379	2,012	4.9%
United Health Care Community Plan	5,738	287	5.0%	5,905	352	6.0%	5,809	340	5.9%	4,604	255	5.5%	6,076	305	5.0%
Other	15,208	942	6.2%	10,752	656	6.1%	11,434	658	5.8%	11,780	756	6.4%	9,364	462	4.9%
Medicaid Managed Care/Model	76,190	4,228	5.5%	75,991	4,520	5.9%	75,271	4,349	5.8%	74,737	4,407	5.9%	82,831	4,079	4.9%
Medicaid Fee for Service	3,549	284	8.0%	3,077	257	8.4%	2,924	237	8.1%	3,116	283	9.1%	2,918	179	6.1%
Total	79,739	4,512	5.7%	79,068	4,777	6.0%	78,195	4,586	5.9%	77,853	4,690	6.0%	85,749	4,258	5.0%

LARC=long-acting reversible method of contraception (implant or IUD). Ongoing LARC use may not be identified in claims or encounters.

Eligible women are women in the specified age range as of December 31 of the measurement year who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits throughout the 12 months of the measurement year (one month gap allowed) and who do not meet exclusion criteria. Eligibility must include December 31 as the 'anchor' date. **Excludes** women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women who were infecund; women who had a live birth in the last two months of the measurement year; and women who were pregnant at the end of the measurement year. Women may have been enrolled in more than one plan during the year. **Plan** listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. **Other** includes both Uncategorized and PCCM, defined as follows: **Uncategorized** indicates that a woman had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months; **PCCM** is Primary Care Case Management.

Table 5.2b: Contraceptive Care – Postpartum Women Ages 15-20 (CCP) - LARC, By Race/Ethnicity 2016-2020

Measure CCP: Contraceptive Care -- Postpartum Women Ages 15-20
Percentage Who Were Provided a Long-acting Reversible Method of Contraception (LARC)
Within Sixty Days of Delivery
By Year and Race/Ethnicity

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20		TOTAL ELIGIBLE WOMEN	LARC Age 15-20	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	865	201	23.2%	777	214	27.5%	720	176	24.4%	742	202	27.2%	716	183	25.6%
Not Hispanic or Ethnicity Unknown															
White	1,141	213	18.7%	970	183	18.9%	775	140	18.1%	699	142	20.3%	592	106	17.9%
Asian	26	**	**	23	**	**	11	**	**	13	**	**	9	**	**
Black	153	26	17.0%	137	22	16.1%	114	20	17.5%	90	**	**	72	12	16.7%
American Indian/Alaska Native	100	14	14.0%	105	22	21.0%	102	19	18.6%	88	13	14.8%	67	15	22.4%
Hawaiian/Pacific Islander	92	11	12.0%	52	**	**	57	**	**	64	**	**	51	**	**
More Than One Race	88	14	15.9%	86	12	14.0%	100	16	16.0%	109	27	24.8%	95	18	18.9%
Other/Unknown	91	**	**	85	19	22.4%	77	11	14.3%	54	15	27.8%	46	**	**
Total	2,556	498	19.5%	2,235	479	21.4%	1,956	390	19.9%	1,859	416	22.4%	1,648	351	21.3%

Excludes women with eligibility for programs using state funds only; women who are eligible for both Medicaid and Medicare; women who have full third party liability; women with deliveries that did not end in a live birth; and women who delivered in the last two months of the year. **Race/ethnicity** categories are mutually exclusive. Hispanic women may be of any race. **LARC**=long-acting reversible method of contraception (implant or IUD). **Eligible women** are women in the specified age range as of December 31 of the measurement year with a live birth who were continuously enrolled in Medicaid or CHIP with medical or family planning benefits from the date of delivery to 60 days postpartum.

** = suppressed due to small numbers.

Table 6a: Child Immunizations by Age Two (CIS): Combination 3, By Health Care Delivery Model 2016-2020

**Measure CIS Combination 3 -- Children Age Two Who Had a Full Set of DTAP, IPV, MMR, HiB, Hep B, VZV, and PCV Immunizations by Age Two
By Health Care Delivery Model 2016 to 2020**

Medicaid Managed Care Plan/Model	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Amerigroup Washington Inc	2,576	1,702	66.1%	2,842	1,820	64.0%	2,744	1,823	66.4%	2,921	1,966	67.3%	3,479	2,270	65.2%
Columbia United Providers	92	60	65.2%												
Community Health Plan of WA	5,740	3,835	66.8%	5,929	3,989	67.3%	5,275	3,642	69.0%	4,661	3,374	72.4%	3,963	2,735	69.0%
Coordinated Care of WA	4,312	3,154	73.1%	5,384	3,953	73.4%	5,384	3,965	73.6%	4,544	3,450	75.9%	4,122	3,015	73.1%
Molina Healthcare of WA Inc	14,710	9,267	63.0%	17,992	11,337	63.0%	18,981	12,096	63.7%	18,065	11,782	65.2%	18,133	11,443	63.1%
United Health Care Community Plan	4,269	2,830	66.3%	4,488	2,948	65.7%	4,499	3,036	67.5%	3,365	2,302	68.4%	3,362	2,172	64.6%
Primary Care Case Mgmt (PCCM)	243	139	57.2%	78	52	66.7%	32	19	59.4%	30	22	73.3%	19	12	63.2%
Uncategorized	7,307	4,257	58.3%	3,731	2,340	62.7%	3,145	2,030	64.5%	4,201	2,677	63.7%	3,561	2,249	63.2%
Medicaid Managed Care/Model	39,249	25,244	64.3%	40,444	26,439	65.4%	40,060	26,611	66.4%	37,787	25,573	67.7%	36,639	23,896	65.2%
Medicaid Fee for Service	2,408	1,460	60.6%	1,202	726	60.4%	902	535	59.3%	966	617	63.9%	1,041	594	57.1%
Total	41,657	26,704	64.1%	41,646	27,165	65.2%	40,962	27,146	66.3%	38,753	26,190	67.6%	37,680	24,490	65.0%

Child may have been enrolled in more than one plan over the two year period. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the year leading up to the second birthday. **Uncategorized** indicates that a child had more months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. Excludes immunizations other than MMR that occur within 14 days of the same immunization type. **DTaP** = diphtheria, tetanus, and acellular pertussis. **IPV** = polio. **MMR** = measles, mumps, and rubella. **HiB** = H influenza type B. **Hep B** = Hepatitis B. **VZV** = chicken pox. **PCV** = pneumococcal conjugate. Combination measures have met full recommendations for each immunization included. **Combination 3** = DtaP+IPV+MMR+HiB+Hep B+VZV+ PCV. Documented **history of illness** is counted for MMR, Hep B, and VZV.

Table 6b: Child Immunizations by Age Two (CIS): Combination 3, By Race/Ethnicity 2016-2020

**Measure CIS Combination 3 -- Children Age Two Who Had a Full Set of DTAP, IPV, MMR, HiB, Hep B, VZV, and PCV Immunizations by Age Two
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Hispanic	13,265	9,831	74.1%	13,386	9,992	74.6%	13,349	10,085	75.5%	12,663	9,720	76.8%	12,660	9,457	74.7%
Not Hispanic or Ethnicity Unknown															
White	19,266	11,207	58.2%	19,061	11,255	59.0%	17,970	10,794	60.1%	16,738	10,302	61.5%	15,893	9,368	58.9%
Asian	1,660	1,267	76.3%	1,716	1,352	78.8%	1,723	1,385	80.4%	1,652	1,368	82.8%	1,502	1,179	78.5%
Black	3,008	1,842	61.2%	2,847	1,757	61.7%	2,858	1,814	63.5%	2,745	1,693	61.7%	2,697	1,508	55.9%
American Indian/Alaska Native	995	570	57.3%	937	583	62.2%	1,043	638	61.2%	1,096	695	63.4%	1,124	674	60.0%
Hawaiian/Pacific Islander	1,273	748	58.8%	1,227	744	60.6%	1,208	757	62.7%	1,097	689	62.8%	1,111	650	58.5%
More Than One Race	1,354	815	60.2%	1,627	1,060	65.2%	1,959	1,234	63.0%	2,045	1,318	64.4%	1,966	1,263	64.2%
Other/Unknown	836	424	50.7%	845	422	49.9%	852	439	51.5%	717	405	56.5%	727	391	53.8%
Total	41,657	26,704	64.1%	41,646	27,165	65.2%	40,962	27,146	66.3%	38,753	26,190	67.6%	37,680	24,490	65.0%

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

Table 7.1a: Immunizations for Adolescents Who Turn 13 (IMA): Combination 1, By Health Care Delivery Model 2016-2020

**Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	1,425	892	62.6%	1,616	1,073	66.4%	1,655	1,097	66.3%	1,922	1,328	69.1%	2,705	1,975	73.0%
Columbia United Providers	105	70	66.7%												
Community Health Plan of WA	6,555	5,010	76.4%	6,621	5,188	78.4%	6,287	4,843	77.0%	5,782	4,496	77.8%	5,256	4,128	78.5%
Coordinated Care of WA	2,942	2,337	79.4%	4,229	3,375	79.8%	4,368	3,433	78.6%	4,213	3,352	79.6%	4,281	3,365	78.6%
Molina Healthcare of WA Inc	14,244	10,524	73.9%	16,944	12,577	74.2%	17,539	13,070	74.5%	18,455	13,767	74.6%	19,460	14,304	73.5%
United Health Care Community Plan	2,674	1,916	71.7%	3,045	2,183	71.7%	3,061	2,208	72.1%	2,545	1,934	76.0%	2,790	2,087	74.8%
Primary Care Case Mgmt (PCCM)	140	109	77.9%	114	93	81.6%	112	97	86.6%	117	98	83.8%	72	56	77.8%
Uncategorized	4,039	2,746	68.0%	1,851	1,318	71.2%	1,932	1,440	74.5%	2,782	2,059	74.0%	2,426	1,717	70.8%
Medicaid Managed Care/Model	32,124	23,604	73.5%	34,420	25,807	75.0%	34,954	26,188	74.9%	35,816	27,034	75.5%	36,990	27,632	74.7%
Medicaid Fee for Service	1,716	1,196	69.7%	1,030	759	73.7%	1,013	751	74.1%	1,189	890	74.9%	1,150	825	71.7%
Total	33,840	24,800	73.3%	35,450	26,566	74.9%	35,967	26,939	74.9%	37,005	27,924	75.5%	38,140	28,457	74.6%

Adolescent may have been enrolled in more than one plan during the period of interest. **Plan** listed is the managed care plan that the adolescent was enrolled in for at least 11 months during the 12 months before their 13th birthday. **Uncategorized** indicates that an adolescent had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Excludes** a adolescents with eligibility for programs using state funds only, a adolescents who are eligible for both Medicaid and Medicare, a adolescents with full third-party liability, and a adolescents enrolled in hospice. **Tdap** = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between the adolescent's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap) = Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.

Table 7.1b: Immunizations for Adolescents Who Turn 13 (IMA): Combination 1, By Race/Ethnicity 2016-2020

**Measure IMA Combination 1 -- Immunization Status (Meningococcal + Tdap) for Adolescents Who Turned Thirteen During the Year
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations		TOTAL ELIGIBLE CHILDREN	Had Immunizations	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	11,492	9,585	83.4%	12,501	10,594	84.7%	13,120	11,044	84.2%	13,657	11,610	85.0%	14,451	12,126	83.9%
Not Hispanic or Ethnicity Unknown															
White	14,483	9,351	64.6%	14,627	9,746	66.6%	14,361	9,602	66.9%	14,428	9,738	67.5%	14,492	9,576	66.1%
Asian	1,444	1,163	80.5%	1,460	1,185	81.2%	1,399	1,147	82.0%	1,350	1,105	81.9%	1,518	1,249	82.3%
Black	2,191	1,672	76.3%	2,265	1,703	75.2%	2,330	1,741	74.7%	2,401	1,764	73.5%	2,543	1,833	72.1%
American Indian/Alaska Native	850	646	76.0%	916	725	79.1%	998	774	77.6%	1,155	877	75.9%	1,146	852	74.3%
Hawaiian/Pacific Islander	823	579	70.4%	951	695	73.1%	1,021	733	71.8%	1,014	736	72.6%	1,039	770	74.1%
More Than One Race	797	591	74.2%	946	695	73.5%	1,226	900	73.4%	1,490	1,091	73.2%	1,568	1,141	72.8%
Other/Unknown	1,760	1,213	68.9%	1,784	1,223	68.6%	1,512	998	66.0%	1,510	1,003	66.4%	1,383	910	65.8%
Total	33,840	24,800	73.3%	35,450	26,566	74.9%	35,967	26,939	74.9%	37,005	27,924	75.5%	38,140	28,457	74.6%

Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator (x% of adolescents). **Tdap** = at least one tetanus, diphtheria toxoids and acellular pertussis vaccine on or between the adolescent's 10th and 13th birthdays. **Meningococcal** = at least one meningococcal vaccine on or between the adolescent's 11th and 13th birthdays. **Combination 1** (Meningococcal, Tdap) = Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.

Table 7.2a: Human Papillomavirus for Adolescents Who Turn 13 (HPV): Combination 1, By Health Care Delivery Model 2016-2020

**Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had		TOTAL	Had	
	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of	ELIGIBLE	Immunizations	% of
Medicaid Managed Care Plan/Model	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	1,425	379	26.6%	1,616	471	29.1%	1,655	538	32.5%	1,922	691	36.0%	2,705	1,004	37.1%
Columbia United Providers	105	29	27.6%												
Community Health Plan of WA	6,555	2,678	40.9%	6,621	2,899	43.8%	6,287	2,815	44.8%	5,782	2,685	46.4%	5,256	2,443	46.5%
Coordinated Care of WA	2,942	1,256	42.7%	4,229	1,936	45.8%	4,368	1,987	45.5%	4,213	2,142	50.8%	4,281	2,072	48.4%
Molina Healthcare of WA Inc	14,244	4,662	32.7%	16,944	5,899	34.8%	17,539	6,264	35.7%	18,455	7,138	38.7%	19,460	7,157	36.8%
United Health Care Community Plan	2,674	830	31.0%	3,045	1,013	33.3%	3,061	1,067	34.9%	2,545	998	39.2%	2,790	1,036	37.1%
Primary Care Case Mgmt (PCCM)	140	64	45.7%	114	54	47.4%	112	56	50.0%	117	69	59.0%	72	27	37.5%
Uncategorized	4,039	1,224	30.3%	1,851	625	33.8%	1,932	753	39.0%	2,782	1,054	37.9%	2,426	850	35.0%
Medicaid Managed Care/Model	32,124	11,122	34.6%	34,420	12,897	37.5%	34,954	13,480	38.6%	35,816	14,777	41.3%	36,990	14,589	39.4%
Medicaid Fee for Service	1,716	581	33.9%	1,030	354	34.4%	1,013	359	35.4%	1,189	431	36.2%	1,150	378	32.9%
Total	33,840	11,703	34.6%	35,450	13,251	37.4%	35,967	13,839	38.5%	37,005	15,208	41.1%	38,140	14,967	39.2%

Adolescent may have been enrolled in more than one plan during the period of interest. **Plan** listed is the managed care plan that the adolescent was enrolled in for at least 11 months during the 12 months before their 13th birthday. **Uncategorized** indicates that an adolescent had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Excludes** adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. **HPV** = at least three human papillomavirus (HPV) vaccines, or at least two HPV vaccines separated by a minimum of 146 days, on or between the adolescent's 9th and 13th birthdays.

Table 7.2b: Human Papillomavirus for Adolescents Who Turn 13 (HPV): Combination 1, By Race/Ethnicity 2016-2020

**Measure IMA HPV -- Immunization Status (HPV) for Adolescents Who Turned Thirteen During the Year
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Immunizations N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Immunizations N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Immunizations N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Immunizations N	% of Total	TOTAL ELIGIBLE CHILDREN	Had Immunizations N	% of Total
Hispanic	11,492	5,225	45.5%	12,501	5,985	47.9%	13,120	6,453	49.2%	13,657	7,175	52.5%	14,451	7,205	49.9%
Not Hispanic or Ethnicity Unknown															
White	14,483	3,496	24.1%	14,627	3,920	26.8%	14,361	4,031	28.1%	14,428	4,415	30.6%	14,492	4,280	29.5%
Asian	1,444	732	50.7%	1,460	770	52.7%	1,399	717	51.3%	1,350	763	56.5%	1,518	818	53.9%
Black	2,191	798	36.4%	2,265	874	38.6%	2,330	907	38.9%	2,401	941	39.2%	2,543	868	34.1%
American Indian/Alaska Native	850	332	39.1%	916	361	39.4%	998	372	37.3%	1,155	451	39.0%	1,146	409	35.7%
Hawaiian/Pacific Islander	823	279	33.9%	951	358	37.6%	1,021	374	36.6%	1,014	362	35.7%	1,039	384	37.0%
More Than One Race	797	268	33.6%	946	317	33.5%	1,226	440	35.9%	1,490	549	36.8%	1,568	543	34.6%
Other/Unknown	1,760	573	32.6%	1,784	666	37.3%	1,512	545	36.0%	1,510	552	36.6%	1,383	460	33.3%
Total	33,840	11,703	34.6%	35,450	13,251	37.4%	35,967	13,839	38.5%	37,005	15,208	41.1%	38,140	14,967	39.2%

Excludes adolescents with eligibility for programs using state funds only, adolescents who are eligible for both Medicaid and Medicare, adolescents with full third-party liability, and adolescents enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic adolescents may be of any race. Where claims-based race information was not known and the adolescent had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate, where known, was substituted as the race/ethnicity indicator (% of adolescents). **HPV** = at least three human papillomavirus (HPV) vaccines, or at least two HPV vaccines separated by a minimum of 146 days, on or between the adolescent's 9th and 13th birthdays.

Table 8a: Well-Child Visits: Six or More Well-Child Visits Age First 15 Months (W30 (Rate 1)), By Health Care Delivery Model 2016-2020

Measure W30 (Rate 1) -- Well Child Visits in the First 15 Months of Life
Percentage With Six or More Well Child Visits
By Health Care Delivery Model 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL	Six or More		TOTAL	Six or More		TOTAL	Six or More		TOTAL	Six or More		TOTAL	Six or More	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	1,727	1,153	66.8%	2,182	1,451	66.5%	2,302	1,491	64.8%	2,328	1,448	62.2%	3,173	1,819	57.3%
Community Health Plan of WA	3,854	2,584	67.0%	4,472	3,085	69.0%	4,375	3,053	69.8%	3,773	2,691	71.3%	3,582	2,284	63.8%
Coordinated Care of WA	2,805	1,918	68.4%	4,143	2,792	67.4%	4,478	3,210	71.7%	3,673	2,689	73.2%	3,566	2,433	68.2%
Molina Healthcare of WA Inc	9,780	6,192	63.3%	14,373	8,890	61.9%	14,976	9,420	62.9%	14,570	9,188	63.1%	15,951	9,251	58.0%
United Health Care Community Plan	2,729	1,793	65.7%	3,330	2,194	65.9%	3,446	2,226	64.6%	2,558	1,693	66.2%	2,655	1,578	59.4%
Other	15,271	6,991	45.8%	8,907	4,057	45.5%	5,751	2,745	47.7%	6,441	3,340	51.9%	5,640	2,532	44.9%
Medicaid Managed Care/Model	36,166	20,631	57.0%	37,407	22,469	60.1%	35,328	22,145	62.7%	33,343	21,049	63.1%	34,567	19,897	57.6%
Medicaid Fee for Service	1,779	721	40.5%	948	337	35.5%	865	346	40.0%	908	383	42.2%	952	375	39.4%
Total	37,945	21,352	56.3%	38,355	22,806	59.5%	36,193	22,491	62.1%	34,251	21,432	62.6%	35,519	20,272	57.1%

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. Child may have been enrolled in more than one plan during the year. **Plan** listed is the managed care plan that the child was enrolled in from age 31 days to 15 months with no more than a 1-month gap. **Other** includes both *Uncategorized* and *PCCM*, defined as follows: *Uncategorized* indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months; *PCCM* is Primary Care Case Management. **Eligible children** are children who turned 15 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 31 days to 15 months with no more than a 1-month gap. **Visits** must be at least 14 days apart to be considered separate visits. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 8b: Well-Child Visits: Six or More Well-Child Visits Age First 15 Months (W30 (Rate 1)), By Race/Ethnicity 2016-2020

Measure W30 (Rate 1) -- Well Child Visits in the First 15 Months of Life
Percentage With Six or More Well Child Visits
By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits		TOTAL	Six or More Well Visits	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Hispanic	12,543	7,875	62.8%	12,999	8,633	66.4%	12,316	8,422	68.4%	11,866	8,129	68.5%	12,737	8,218	64.5%
Not Hispanic or Ethnicity Unknown															
White	17,308	9,037	52.2%	16,687	9,047	54.2%	15,251	8,851	58.0%	14,021	8,248	58.8%	13,987	7,311	52.3%
Asian	1,537	1,013	65.9%	1,570	1,135	72.3%	1,537	1,122	73.0%	1,359	952	70.1%	1,342	862	64.2%
Black	2,646	1,480	55.9%	2,659	1,585	59.6%	2,363	1,506	63.7%	2,259	1,435	63.5%	2,473	1,317	53.3%
American Indian/Alaska Native	805	313	38.9%	824	357	43.3%	884	409	46.3%	883	399	45.2%	922	396	43.0%
Hawaiian/Pacific Islander	1,044	548	52.5%	1,102	609	55.3%	920	493	53.6%	881	477	54.1%	1,087	550	50.6%
More Than One Race	1,602	891	55.6%	2,038	1,204	59.1%	2,406	1,405	58.4%	2,508	1,518	60.5%	2,484	1,375	55.4%
Other/Unknown	460	195	42.4%	476	236	49.6%	516	283	54.8%	474	274	57.8%	487	243	49.9%
Total	37,945	21,352	56.3%	38,355	22,806	59.5%	36,193	22,491	62.1%	34,251	21,432	62.6%	35,519	20,272	57.1%

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

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. **Eligible children** are children who turned 15 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 31 days to 15 months with no more than a 1-month gap. **Visits** must be at least 14 days apart to be considered separate visits. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 9a: Well-Child Visits: Two or More Well-Child Visits Ages 15-30 Months (W30 (Rate 2)), By Health Care Delivery Model 2016-2020

Measure W30 (Rate 2) -- Well Child Visits for Age 15 Months - 30 Months
Percentage With Two or More Well Child Visits
By Health Care Delivery Model 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	2,188	1,503	68.7%	2,545	1,689	66.4%	2,541	1,720	67.7%	2,531	1,717	67.8%	3,002	2,005	66.8%
Community Health Plan of WA	5,569	3,523	63.3%	5,672	3,715	65.5%	4,961	3,401	68.6%	4,302	3,074	71.5%	3,684	2,469	67.0%
Coordinated Care of WA	4,183	2,862	68.4%	4,826	3,467	71.8%	5,061	3,763	74.4%	4,358	3,332	76.5%	3,923	2,881	73.4%
Molina Healthcare of WA Inc	13,981	9,192	65.7%	16,521	10,919	66.1%	17,314	11,767	68.0%	16,713	11,575	69.3%	16,626	11,388	68.5%
United Health Care Community Plan	3,810	2,655	69.7%	4,196	2,960	70.5%	3,919	2,775	70.8%	3,009	2,181	72.5%	2,848	1,978	69.5%
Other	6,960	4,092	58.8%	4,481	2,862	63.9%	3,299	2,166	65.7%	4,403	3,008	68.3%	3,588	2,376	66.2%
Medicaid Managed Care/Model	36,691	23,827	64.9%	38,241	25,612	67.0%	37,095	25,592	69.0%	35,316	24,887	70.5%	33,671	23,097	68.6%
Medicaid Fee for Service	1,507	957	63.5%	781	401	51.3%	778	415	53.3%	805	421	52.3%	940	512	54.5%
Total	38,198	24,784	64.9%	39,022	26,013	66.7%	37,873	26,007	68.7%	36,121	25,308	70.1%	34,611	23,609	68.2%

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. Child may have been enrolled in more than one plan during the year. **Plan** listed is the managed care plan that the child was enrolled in from age 31 days to 15 months with no more than a 1-month gap. **Other** includes both *Uncategorized* and *PCCM*, defined as follows: *Uncategorized* indicates that a child had more enrollment months in managed care than in fee-for-service during the measurement year but was not enrolled in a single managed care plan for at least 11 months; *PCCM* is Primary Care Case Management. **Eligible children** are children who turned 30 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 15 months to 30 months with no more than a 1-month gap. **Visits** must be at least 14 days apart to be considered separate visits. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 9b: Well-Child Visits: Two or More Well-Child Visits Ages 15-30 Months (W30 (Rate 2)), By Race/Ethnicity 2016-2020

Measure W30 (Rate 2) -- Well Child Visits for Age 15 Months - 30 Months

Percentage With Two or More Well Child Visits

By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits		TOTAL ELIGIBLE CHILDREN	Two or More Well Visits	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	12,794	8,764	68.5%	12,933	9,188	71.0%	12,924	9,421	72.9%	12,494	9,178	73.5%	12,101	8,648	71.5%
Not Hispanic or Ethnicity Unknown															
White	16,706	10,651	63.8%	17,201	11,247	65.4%	15,948	10,684	67.0%	14,644	10,151	69.3%	13,876	9,384	67.6%
Asian	1,393	1,092	78.4%	1,511	1,157	76.6%	1,448	1,172	80.9%	1,412	1,132	80.2%	1,264	997	78.9%
Black	2,633	1,599	60.7%	2,617	1,634	62.4%	2,422	1,564	64.6%	2,282	1,479	64.8%	2,227	1,363	61.2%
American Indian/Alaska Native	905	382	42.2%	828	396	47.8%	779	398	51.1%	820	433	52.8%	829	449	54.2%
Hawaiian/Pacific Islander	986	562	57.0%	1,068	608	56.9%	1,077	629	58.4%	862	534	61.9%	874	499	57.1%
More Than One Race	2,104	1,321	62.8%	2,142	1,321	61.7%	2,584	1,718	66.5%	2,953	1,945	65.9%	2,906	1,920	66.1%
Other/Unknown	677	413	61.0%	722	462	64.0%	691	421	60.9%	654	456	69.7%	534	349	65.4%
Total	38,198	24,784	64.9%	39,022	26,013	66.7%	37,873	26,007	68.7%	36,121	25,308	70.1%	34,611	23,609	68.2%

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

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; and children who have full third party liability. **Eligible children** are children who turned 30 months old during the measurement year who were continuously enrolled in Medicaid or CHIP with medical benefits from age 15 months to 30 months with no more than a 1-month gap. **Visits** must be at least 14 days apart to be considered separate visits. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 10a: Chlamydia Screening for Washington State Women Ages 16-20 Years (CHL), By Health Care Delivery Model 2016-2020

**Measure CHL - Chlamydia Screening for Washington State Women Ages 16 to 20
Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active
By Health Care Delivery Model, 2016 to 2020**

Medicaid Managed Care Plan/Model	2016			2017			2018			2019			2020		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Amerigroup Washington Inc	1,660	830	50.0%	1,693	860	50.8%	1,627	746	45.9%	1,999	938	46.9%	2,442	1,115	45.7%
Community Health Plan of WA	5,476	2,622	47.9%	5,322	2,490	46.8%	4,678	2,227	47.6%	4,316	2,041	47.3%	3,896	1,729	44.4%
Coordinated Care of Washington	2,749	1,321	48.1%	3,919	2,010	51.3%	3,814	1,984	52.0%	3,777	1,947	51.5%	3,693	1,805	48.9%
Molina Healthcare of WA	13,896	6,857	49.3%	14,750	7,282	49.4%	14,851	7,125	48.0%	14,922	7,152	47.9%	16,450	7,300	44.4%
UnitedHealthcare Community Plan	2,696	1,199	44.5%	2,838	1,272	44.8%	2,663	1,186	44.5%	2,092	961	45.9%	2,517	1,087	43.2%
Primary Care Case Mgmt (PCCM)	147	68	46.3%	94	47	50.0%	88	45	51.1%	63	31	49.2%	51	21	41.2%
Uncategorized	4,355	2,324	53.4%	2,023	1,089	53.8%	2,089	1,132	54.2%	2,113	1,099	52.0%	1,397	666	47.7%
Medicaid Managed Care/Model	30,979	15,221	49.1%	30,639	15,050	49.1%	29,810	14,445	48.5%	29,282	14,169	48.4%	30,446	13,723	45.1%
Medicaid Fee for Service	1,637	714	43.6%	1,392	655	47.1%	1,261	559	44.3%	1,312	642	48.9%	1,098	478	43.5%
Total	32,616	15,935	48.9%	32,031	15,705	49.0%	31,071	15,004	48.3%	30,594	14,811	48.4%	31,544	14,201	45.0%

Women may have been enrolled in more than one plan over the 12-month period. **Plan** listed is the managed care plan that the woman was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a woman had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Excludes** claims for programs using state funds only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, women in hospice care, and women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test.

Table 10b: Chlamydia Screening for Washington State Women Ages 16-20 Years (CHL), By Race/Ethnicity 2016-2020

**Measure CHL - Chlamydia Screening for Washington State Women Ages 16 to 20
Who Were Continuously Enrolled in Medicaid/CHIP and Identified as Sexually Active
By Race/Ethnicity, 2016 to 2020**

	2016			2017			2018			2019			2020		
	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total	Total Women	Screened for Chlamydia	% of Total
Hispanic	8,626	4,296	49.8%	9,050	4,632	51.2%	9,378	4,741	50.6%	9,948	5,013	50.4%	10,366	4,929	47.5%
Not Hispanic or Ethnicity Unknown															
White	17,363	8,271	47.6%	16,366	7,709	47.1%	15,154	7,047	46.5%	14,128	6,563	46.5%	14,485	6,138	42.4%
Asian	951	438	46.1%	949	445	46.9%	886	379	42.8%	897	398	44.4%	896	361	40.3%
Black	2,118	1,210	57.1%	2,037	1,132	55.6%	1,924	1,001	52.0%	1,821	967	53.1%	1,890	1,003	53.1%
American Indian/Alaska Native	1,065	518	48.6%	1,033	505	48.9%	1,099	538	49.0%	1,063	520	48.9%	1,108	488	44.0%
Hawaiian/Pacific Islander	650	333	51.2%	606	321	53.0%	534	263	49.3%	539	263	48.8%	549	259	47.2%
More Than One Race	1,019	531	52.1%	1,230	659	53.6%	1,335	746	55.9%	1,440	786	54.6%	1,371	710	51.8%
Other/Unknown	824	338	41.0%	760	302	39.7%	761	289	38.0%	758	301	39.7%	879	313	35.6%
Total	32,616	15,935	48.9%	32,031	15,705	49.0%	31,071	15,004	48.3%	30,594	14,811	48.4%	31,544	14,201	45.0%

Excludes claims for programs using state funds only, women who are eligible for both Medicaid and Medicare, women with full third-party liability, women in hospice care, and women identified as sexually active solely due to a pregnancy test and who had an x-ray or prescription for isotretinoin within seven days of the pregnancy test. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator.

Table 11.1a: At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday (SFM-CH (Rate 1)), By Health Care Delivery Model 2016-2020

**Measure SFM -- At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	CHILDREN	N	% of Total	CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	1,424	832	58.4%	1,679	1,007	60.0%	1,717	1,107	64.5%	1,901	1,246	65.5%	2,329	1,560	67.0%
Community Health Plan of WA	6,793	5,143	75.7%	6,913	5,306	76.8%	6,251	4,735	75.7%	5,441	4,127	75.9%	4,573	3,424	74.9%
Coordinated Care of WA	3,077	2,261	73.5%	4,310	3,162	73.4%	4,702	3,569	75.9%	4,027	3,034	75.3%	3,717	2,768	74.5%
Molina Healthcare of WA Inc	14,862	11,050	74.4%	17,976	13,083	72.8%	18,143	13,147	72.5%	17,694	12,932	73.1%	17,855	12,615	70.7%
United Health Care Community Plan	2,725	1,748	64.1%	3,218	2,066	64.2%	3,214	2,105	65.5%	2,512	1,707	68.0%	2,580	1,645	63.8%
Primary Care Case Mgmt (PCCM)	199	129	64.8%	126	82	65.1%	98	67	68.4%	71	55	77.5%	76	44	57.9%
Uncategorized	4,675	3,105	66.4%	2,375	1,571	66.1%	2,229	1,593	71.5%	3,079	2,172	70.5%	2,495	1,706	68.4%
Medicaid Managed Care/Model	33,854	24,340	71.9%	36,597	26,277	71.8%	36,354	26,323	72.4%	34,725	25,273	72.8%	33,625	23,762	70.7%
Medicaid Fee for Service	1,700	1,077	63.4%	1,030	637	61.8%	977	642	65.7%	1,000	672	67.2%	972	625	64.3%
Total	35,554	25,417	71.5%	37,627	26,914	71.5%	37,331	26,965	72.2%	35,725	25,945	72.6%	34,597	24,387	70.5%

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday. **Plan/Model** listed is the managed care model that the child was enrolled in for at least 11 of the 12 months leading up to the child's 10th birthday. Dental services are reported by MCO/PCCM to represent a 'medical health home' even though dental services are paid through FFS. **PCCM** is Primary Care Case Management. **PCCM** is Primary Care Case Management. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. **Eligible children** are children who turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Sealants** are as identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 11.1b: At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday (SFM-CH (Rate 1)), By Race/Ethnicity 2016-2020

**Measure SFM -- At Least One Sealant on a Permanent Molar Tooth by the Tenth Birthday
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant		TOTAL	At Least One Sealant	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Hispanic	11,670	9,295	79.6%	12,802	10,116	79.0%	12,937	10,329	79.8%	12,393	9,846	79.4%	11,795	9,157	77.6%
Not Hispanic or Ethnicity Unknown															
White	13,642	8,954	65.6%	13,925	9,256	66.5%	13,748	9,231	67.1%	12,959	8,746	67.5%	12,576	8,377	66.6%
Asian	1,159	856	73.9%	1,325	962	72.6%	1,190	911	76.6%	1,117	850	76.1%	1,076	788	73.2%
Black	2,214	1,559	70.4%	2,312	1,601	69.2%	2,312	1,639	70.9%	2,227	1,594	71.6%	2,238	1,483	66.3%
American Indian/Alaska Native	855	546	63.9%	872	547	62.7%	889	583	65.6%	920	635	69.0%	908	582	64.1%
Hawaiian/Pacific Islander	810	557	68.8%	911	582	63.9%	859	555	64.6%	855	544	63.6%	857	518	60.4%
More Than One Race	989	684	69.2%	1,356	942	69.5%	1,697	1,169	68.9%	1,908	1,335	70.0%	1,975	1,328	67.2%
Other/Unknown	4,215	2,966	70.4%	4,124	2,908	70.5%	3,699	2,548	68.9%	3,346	2,395	71.6%	3,172	2,154	67.9%
Total	35,554	25,417	71.5%	37,627	26,914	71.5%	37,331	26,965	72.2%	35,725	25,945	72.6%	34,597	24,387	70.5%

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Excludes** children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday. **Eligible children** are children who turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Sealants** are as identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 11.2a: All Four Permanent Molars Sealed by the Tenth Birthday (SFM-CH (Rate 2)), By Health Care Delivery Model 2016-2020

**Measure SFM -- All Four Permanent Molars Sealed by the Tenth Birthday
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL CHILDREN N	All Four Molars Sealed		TOTAL CHILDREN N	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	1,424	511	35.9%	1,679	653	38.9%	1,717	729	42.5%	1,901	814	42.8%	2,329	1,042	44.7%
Columbia United Providers	99	54	54.5%												
Community Health Plan of WA	6,793	3,440	50.6%	6,913	3,515	50.8%	6,251	3,239	51.8%	5,441	2,813	51.7%	4,573	2,354	51.5%
Coordinated Care of WA	3,077	1,427	46.4%	4,310	2,083	48.3%	4,702	2,467	52.5%	4,027	2,085	51.8%	3,717	1,901	51.1%
Molina Healthcare of WA Inc	14,862	7,515	50.6%	17,976	8,906	49.5%	18,143	9,145	50.4%	17,694	8,906	50.3%	17,855	8,867	49.7%
United Health Care Community Plan	2,725	1,169	42.9%	3,218	1,392	43.3%	3,214	1,473	45.8%	2,512	1,174	46.7%	2,580	1,140	44.2%
Primary Care Case Mgmt (PCCM)	199	73	36.7%	126	43	34.1%	98	42	42.9%	71	33	46.5%	76	31	40.8%
Uncategorized	4,675	2,108	45.1%	2,375	1,052	44.3%	2,229	1,079	48.4%	3,079	1,434	46.6%	2,495	1,179	47.3%
Medicaid Managed Care/Model	33,854	16,297	48.1%	36,597	17,644	48.2%	36,354	18,174	50.0%	34,725	17,259	49.7%	33,625	16,514	49.1%
Medicaid Fee for Service	1,700	657	38.6%	1,030	355	34.5%	977	392	40.1%	1,000	399	39.9%	972	416	42.8%
Total	35,554	16,954	47.7%	37,627	17,999	47.8%	37,331	18,566	49.7%	35,725	17,658	49.4%	34,597	16,930	48.9%

Excludes children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday. **Plan/Model** listed is the managed care model that the child was enrolled in for at least 11 of the 12 months leading up to the child's 10th birthday. Dental services are reported by MCO/PCCM to represent a 'medical health home' even though dental services are paid through FFS. **PCCM** is Primary Care Case Management. **Uncategorized** indicates that a child had more enrollment period months in managed care than in fee-for-service status but was not continuously enrolled in a single managed care plan. **Eligible children** are children who turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Sealants** are as identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 11.2b: All Four Permanent Molars Sealed by the Tenth Birthday (SFM-CH (Rate 2)), By Race/Ethnicity 2016-2020

**Measure SFM -- All Four Permanent Molars Sealed by the Tenth Birthday
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed		TOTAL ELIGIBLE CHILDREN	All Four Molars Sealed	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	11,670	6,172	52.9%	12,802	6,731	52.6%	12,937	7,128	55.1%	12,393	6,638	53.6%	11,795	6,401	54.3%
Not Hispanic or Ethnicity Unknown															
White	13,642	5,962	43.7%	13,925	6,197	44.5%	13,748	6,370	46.3%	12,959	6,029	46.5%	12,576	5,802	46.1%
Asian	1,159	621	53.6%	1,325	687	51.8%	1,190	638	53.6%	1,117	598	53.5%	1,076	562	52.2%
Black	2,214	1,091	49.3%	2,312	1,100	47.6%	2,312	1,143	49.4%	2,227	1,086	48.8%	2,238	1,062	47.5%
American Indian/Alaska Native	855	301	35.2%	872	315	36.1%	889	354	39.8%	920	382	41.5%	908	367	40.4%
Hawaiian/Pacific Islander	810	361	44.6%	911	362	39.7%	859	334	38.9%	855	342	40.0%	857	320	37.3%
More Than One Race	989	453	45.8%	1,356	629	46.4%	1,697	810	47.7%	1,908	927	48.6%	1,975	902	45.7%
Other/Unknown	4,215	1,993	47.3%	4,124	1,978	48.0%	3,699	1,789	48.4%	3,346	1,656	49.5%	3,172	1,514	47.7%
Total	35,554	16,954	47.7%	37,627	17,999	47.8%	37,331	18,566	49.7%	35,725	17,658	49.4%	34,597	16,930	48.9%

Race/ethnicity categories are mutually exclusive. Hispanic children may be of any race. **Excludes** children with eligibility for programs using state funds only; children who are eligible for both Medicaid and Medicare; children who have full third party liability; and children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday. **Eligible children** are children who turned 10 in the measurement year and were continuously enrolled in Medicaid or CHIP with medical benefits for at least 11 of the 12 months leading up to the child's 10th birthday. **Sealants** are as identified in claims/encounters during the 48 months prior to the child's 10th birthday. Sealants applied outside of Medicaid/CHIP will not have been identified; rates may be an underestimation. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.0a: Child and Adolescent Well-Care Visits Ages 3-21 Years (WCV), By Health Care Delivery Model 2016-2020

**Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 3-21 With A Well-Care Visit
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of
	ELIGIBLE CHILDREN	Visit N		ELIGIBLE CHILDREN	Visit N		ELIGIBLE CHILDREN	Visit N		ELIGIBLE CHILDREN	Visit N		ELIGIBLE CHILDREN	Visit N	
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	30,145	12,888	42.8%	32,320	13,781	42.6%	33,766	14,847	44.0%	44,899	22,712	50.6%	56,020	19,726	35.2%
Community Health Plan of WA	117,788	55,207	46.9%	113,593	55,948	49.3%	100,625	50,361	50.0%	90,889	48,794	53.7%	84,426	31,457	37.3%
Coordinated Care of WA	60,839	29,705	48.8%	80,524	41,904	52.0%	76,872	41,683	54.2%	74,553	42,439	56.9%	75,962	32,248	42.5%
Molina Healthcare of WA Inc	294,161	139,128	47.3%	306,565	145,185	47.4%	307,754	150,115	48.8%	309,244	159,687	51.6%	346,263	138,399	40.0%
United Health Care Community Plan	55,306	25,661	46.4%	59,299	27,842	47.0%	57,828	28,766	49.7%	46,383	23,455	50.6%	56,920	21,853	38.4%
Primary Care Case Mgmt (PCCM)	2,895	986	34.1%	2,296	835	36.4%	1,760	674	38.3%	1,344	450	33.5%	1,228	232	18.9%
Uncategorized	61,406	27,817	45.3%	29,587	14,223	48.1%	33,884	17,739	52.4%	33,903	17,724	52.3%	24,834	9,852	39.7%
Medicaid Managed Care/Model	622,540	291,392	46.8%	624,184	299,718	48.0%	612,489	304,185	49.7%	601,215	315,261	52.4%	645,653	253,767	39.3%
Medicaid Fee for Service	19,185	5,881	30.7%	17,567	5,725	32.6%	17,764	6,299	35.5%	19,499	7,322	37.6%	19,001	4,867	25.6%
Total	641,725	297,273	46.3%	641,751	305,443	47.6%	630,253	310,484	49.3%	620,714	322,583	52.0%	664,654	258,634	38.9%

Age refers to the age of the child as of December 31. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a child had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.0b: Child and Adolescent Well-Care Visits Ages 3-21 Years (WCV), By Race/Ethnicity 2016-2020

Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 3-21 With A Well-Care Visit
By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	212,265	110,247	51.9%	215,481	116,020	53.8%	216,700	120,136	55.4%	217,651	125,822	57.8%	235,148	102,380	43.5%
Not Hispanic or Ethnicity Unknown															
White	281,409	119,791	42.6%	274,365	118,854	43.3%	261,207	118,156	45.2%	251,761	122,190	48.5%	265,236	98,613	37.2%
Asian	26,699	14,153	53.0%	26,240	14,159	54.0%	25,240	13,787	54.6%	24,605	14,077	57.2%	26,495	11,183	42.2%
Black	43,384	20,350	46.9%	43,595	20,823	47.8%	42,309	20,602	48.7%	41,721	20,762	49.8%	46,125	15,756	34.2%
American Indian/Alaska Native	16,649	5,763	34.6%	17,110	6,093	35.6%	18,418	6,933	37.6%	18,305	7,173	39.2%	20,485	5,574	27.2%
Hawaiian/Pacific Islander	16,739	7,288	43.5%	17,228	7,651	44.4%	16,897	7,512	44.5%	17,043	8,048	47.2%	19,631	6,429	32.7%
More Than One Race	17,556	8,066	45.9%	21,668	10,018	46.2%	25,595	12,399	48.4%	27,436	13,616	49.6%	28,017	10,429	37.2%
Other/Unknown	27,024	11,615	43.0%	26,064	11,825	45.4%	23,887	10,959	45.9%	22,192	10,895	49.1%	23,517	8,270	35.2%
Total	641,725	297,273	46.3%	641,751	305,443	47.6%	630,253	310,484	49.3%	620,714	322,583	52.0%	664,654	258,634	38.9%

Age refers to the age of the child as of December 31 of the measurement year. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.1a: Child and Adolescent Well-Care Visits Ages 3-11 Years (WCV), By Health Care Delivery Model 2016-2020

**Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 3-11 With A Well-Care Visit
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Visit	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit	% of Total	TOTAL ELIGIBLE CHILDREN	Had Visit	% of Total
		N			N			N			N			N	
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	9,420	5,316	56.4%	12,661	6,943	54.8%	15,695	8,557	54.5%	23,350	13,427	57.5%	30,906	13,353	43.2%
Community Health Plan of WA	35,804	21,485	60.0%	40,295	23,976	59.5%	41,145	24,204	58.8%	41,842	24,807	59.3%	42,005	19,117	45.5%
Coordinated Care of WA	20,253	12,659	62.5%	31,278	20,123	64.3%	34,333	22,235	64.8%	37,221	24,313	65.3%	41,020	21,032	51.3%
Molina Healthcare of WA Inc	95,402	56,456	59.2%	116,558	66,796	57.3%	134,306	76,133	56.7%	152,125	88,745	58.3%	184,438	88,833	48.2%
United Health Care Community Plan	17,969	10,739	59.8%	23,406	13,554	57.9%	26,544	15,469	58.3%	23,926	13,779	57.6%	31,498	14,433	45.8%
Primary Care Case Mgmt (PCCM)	1,034	478	46.2%	998	456	45.7%	808	345	42.7%	651	237	36.4%	642	151	23.5%
Uncategorized	18,763	11,309	60.3%	12,027	7,112	59.1%	15,428	9,389	60.9%	17,414	10,388	59.7%	13,809	6,657	48.2%
Medicaid Managed Care/Model	198,645	118,442	59.6%	237,223	138,960	58.6%	268,259	156,332	58.3%	296,529	175,696	59.3%	344,318	163,576	47.5%
Medicaid Fee for Service	5,192	2,284	44.0%	5,826	2,523	43.3%	6,911	3,029	43.8%	8,916	3,990	44.8%	9,673	3,155	32.6%
Total	203,837	120,726	59.2%	243,049	141,483	58.2%	275,170	159,361	57.9%	305,445	179,686	58.8%	353,991	166,731	47.1%

Age refers to the age of the child as of December 31. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a child had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.1b: Child and Adolescent Well-Care Visits Ages 3-11 Years (WCV), By Race/Ethnicity 2016-2020

Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 3-11 With A Well-Care Visit
By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	69,128	44,595	64.5%	81,995	52,533	64.1%	94,201	59,916	63.6%	106,029	67,870	64.0%	123,147	64,357	52.3%
Not Hispanic or Ethnicity Unknown															
White	88,760	49,842	56.2%	104,017	56,991	54.8%	114,805	62,720	54.6%	124,997	70,423	56.3%	143,180	65,137	45.5%
Asian	7,625	5,085	66.7%	9,047	5,890	65.1%	10,061	6,471	64.3%	11,190	7,281	65.1%	13,240	6,765	51.1%
Black	13,998	8,162	58.3%	17,038	9,758	57.3%	18,988	10,781	56.8%	21,088	11,803	56.0%	25,170	10,379	41.2%
American Indian/Alaska Native	5,162	2,400	46.5%	6,361	2,886	45.4%	7,746	3,549	45.8%	8,733	3,990	45.7%	10,705	3,686	34.4%
Hawaiian/Pacific Islander	5,374	2,858	53.2%	6,750	3,518	52.1%	7,587	3,833	50.5%	8,665	4,501	51.9%	10,809	4,264	39.4%
More Than One Race	6,941	3,978	57.3%	9,657	5,384	55.8%	12,871	7,199	55.9%	15,308	8,501	55.5%	16,734	7,415	44.3%
Other/Unknown	6,849	3,806	55.6%	8,184	4,523	55.3%	8,911	4,892	54.9%	9,435	5,317	56.4%	11,006	4,728	43.0%
Total	203,837	120,726	59.2%	243,049	141,483	58.2%	275,170	159,361	57.9%	305,445	179,686	58.8%	353,991	166,731	47.1%

Age refers to the age of the child as of December 31 of the measurement year. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.2a: Child and Adolescent Well-Care Visits Ages 12-17 Years (WCV), By Health Care Delivery Model 2016-2020

Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 12-17 With A Well-Care Visit
By Health Care Delivery Model 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	9,835	4,219	42.9%	10,250	4,301	42.0%	10,453	4,425	42.3%	14,020	7,200	51.4%	16,968	5,119	30.2%
Community Health Plan of WA	43,391	20,383	47.0%	41,766	21,238	50.8%	36,858	18,964	51.5%	33,146	18,565	56.0%	30,078	10,145	33.7%
Coordinated Care of WA	21,277	10,252	48.2%	27,847	14,377	51.6%	26,029	13,968	53.7%	24,993	14,182	56.7%	24,756	9,379	37.9%
Molina Healthcare of WA Inc	108,102	50,081	46.3%	109,873	52,424	47.7%	108,169	53,957	49.9%	106,446	56,371	53.0%	114,344	40,617	35.5%
United Health Care Community Plan	18,807	8,557	45.5%	19,607	9,076	46.3%	18,697	9,263	49.5%	14,858	7,516	50.6%	17,627	5,960	33.8%
Primary Care Case Mgmt (PCCM)	969	289	29.8%	754	251	33.3%	597	240	40.2%	471	184	39.1%	421	69	16.4%
Uncategorized	20,666	9,474	45.8%	9,517	4,600	48.3%	11,192	5,988	53.5%	10,713	5,636	52.6%	7,553	2,527	33.5%
Medicaid Managed Care/Model	223,047	103,255	46.3%	219,614	106,267	48.4%	211,995	106,805	50.4%	204,647	109,654	53.6%	211,747	73,816	34.9%
Medicaid Fee for Service	6,825	1,947	28.5%	6,330	2,025	32.0%	6,444	2,361	36.6%	7,012	2,683	38.3%	6,475	1,421	21.9%
Total	229,872	105,202	45.8%	225,944	108,292	47.9%	218,439	109,166	50.0%	211,659	112,337	53.1%	218,222	75,237	34.5%

Age refers to the age of the child as of December 31. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a child had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.2b: Child and Adolescent Well-Care Visits Ages 12-17 Years (WCV), By Race/Ethnicity 2016-2020

Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 12-17 With A Well-Care Visit
By Race/Ethnicity 2016 to 2020

	2016			2017			2018			2019			2020		
	TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit		TOTAL	Had Visit	
	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total	ELIGIBLE CHILDREN	N	% of Total
Hispanic	81,682	41,853	51.2%	80,982	43,846	54.1%	79,640	44,862	56.3%	78,114	46,311	59.3%	81,248	31,876	39.2%
Not Hispanic or Ethnicity Unknown															
White	95,525	39,674	41.5%	92,038	39,642	43.1%	86,641	39,255	45.3%	82,607	40,312	48.8%	83,717	26,900	32.1%
Asian	9,069	4,846	53.4%	8,875	4,903	55.2%	8,521	4,830	56.7%	8,373	4,920	58.8%	8,834	3,371	38.2%
Black	15,085	7,130	47.3%	14,756	7,181	48.7%	14,110	6,961	49.3%	13,756	7,013	51.0%	14,492	4,357	30.1%
American Indian/Alaska Native	5,901	1,888	32.0%	6,030	2,080	34.5%	6,433	2,465	38.3%	6,296	2,575	40.9%	6,751	1,585	23.5%
Hawaiian/Pacific Islander	6,026	2,552	42.3%	6,029	2,686	44.6%	5,834	2,654	45.5%	5,760	2,814	48.9%	6,338	1,819	28.7%
More Than One Race	6,022	2,587	43.0%	7,176	3,208	44.7%	8,084	3,854	47.7%	8,212	4,063	49.5%	8,051	2,436	30.3%
Other/Unknown	10,562	4,672	44.2%	10,058	4,746	47.2%	9,176	4,285	46.7%	8,541	4,329	50.7%	8,791	2,893	32.9%
Total	229,872	105,202	45.8%	225,944	108,292	47.9%	218,439	109,166	50.0%	211,659	112,337	53.1%	218,222	75,237	34.5%

Age refers to the age of the child as of December 31 of the measurement year. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.3a: Child and Adolescent Well-Care Visits Ages 18-21 Years (WCV), By Health Care Delivery Model 2016-2020

**Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 18-21 With A Well-Care Visit
By Health Care Delivery Model 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of	TOTAL	Had	% of
	ELIGIBLE	Visit		ELIGIBLE	Visit		ELIGIBLE	Visit		ELIGIBLE	Visit		ELIGIBLE	Visit	
Medicaid Managed Care Plan/Model	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total	CHILDREN	N	Total
Amerigroup Washington Inc	5,911	2,337	39.5%	6,149	1,995	32.4%	5,325	1,530	28.7%	6,112	1,838	30.1%	8,146	1,254	15.4%
Community Health Plan of WA	24,236	10,113	41.7%	23,266	9,150	39.3%	17,451	6,283	36.0%	13,561	4,900	36.1%	12,343	2,195	17.8%
Coordinated Care of WA	11,802	5,050	42.8%	15,690	6,280	40.0%	12,810	4,810	37.5%	10,557	3,608	34.2%	10,186	1,837	18.0%
Molina Healthcare of WA Inc	58,107	24,888	42.8%	58,827	21,681	36.9%	50,274	17,294	34.4%	43,047	13,127	30.5%	47,481	8,949	18.8%
United Health Care Community Plan	10,755	4,591	42.7%	11,218	4,184	37.3%	9,180	3,349	36.5%	6,372	1,943	30.5%	7,795	1,460	18.7%
Primary Care Case Mgmt (PCCM)	571	185	32.4%	438	120	27.4%	287	85	29.6%	193	29	15.0%	165	12	7.3%
Uncategorized	12,175	4,996	41.0%	5,228	1,938	37.1%	5,790	2,060	35.6%	4,996	1,523	30.5%	3,472	668	19.2%
Medicaid Managed Care/Model	123,557	52,160	42.2%	120,816	45,348	37.5%	101,117	35,411	35.0%	84,838	26,968	31.8%	89,588	16,375	18.3%
Medicaid Fee for Service	4,209	1,280	30.4%	3,799	979	25.8%	3,313	816	24.6%	2,993	598	20.0%	2,853	291	10.2%
Total	127,766	53,440	41.8%	124,615	46,327	37.2%	104,430	36,227	34.7%	87,831	27,566	31.4%	92,441	16,666	18.0%

Age refers to the age of the child as of December 31. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children in hospice. **Plan** listed is the managed care plan that the child was enrolled in for at least 11 months during the measurement year. **Uncategorized** indicates that a child had more measurement year months in managed care than in fee-for-service status but was not enrolled in a single managed care plan for at least 11 months. **PCCM** is Primary Care Case Management. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 12.3b: Child and Adolescent Well-Care Visits Ages 18-21 Years (WCV), By Race/Ethnicity 2016-2020

**Measure WCV -- Child and Adolescent Well-Care Visits
Percentage Ages 18-21 With A Well-Care Visit
By Race/Ethnicity 2016 to 2020**

	2016			2017			2018			2019			2020		
	TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit		TOTAL ELIGIBLE CHILDREN	Had Visit	
		N	% of Total		N	% of Total		N	% of Total		N	% of Total		N	% of Total
Hispanic	39,826	18,426	46.3%	39,333	16,846	42.8%	33,938	13,659	40.2%	29,083	10,665	36.7%	30,753	6,147	20.0%
Not Hispanic or Ethnicity Unknown															
White	57,917	22,146	38.2%	55,147	17,963	32.6%	44,696	13,619	30.5%	36,843	10,166	27.6%	38,339	6,576	17.2%
Asian	5,990	3,019	50.4%	5,941	2,782	46.8%	5,024	2,106	41.9%	4,278	1,702	39.8%	4,421	1,047	23.7%
Black	8,633	3,796	44.0%	8,393	3,216	38.3%	6,887	2,444	35.5%	5,751	1,726	30.0%	6,463	1,020	15.8%
American Indian/Alaska Native	3,422	1,197	35.0%	3,402	956	28.1%	3,118	798	25.6%	2,671	547	20.5%	3,029	303	10.0%
Hawaiian/Pacific Islander	3,433	1,425	41.5%	3,418	1,255	36.7%	2,771	901	32.5%	2,269	684	30.1%	2,484	346	13.9%
More Than One Race	2,388	1,010	42.3%	3,012	1,064	35.3%	3,371	1,120	33.2%	3,269	931	28.5%	3,232	578	17.9%
Other/Unknown	6,157	2,421	39.3%	5,969	2,245	37.6%	4,625	1,580	34.2%	3,667	1,145	31.2%	3,720	649	17.4%
Total	127,766	53,440	41.8%	124,615	46,327	37.2%	104,430	36,227	34.7%	87,831	27,566	31.4%	92,441	16,666	18.0%

Age refers to the age of the child as of December 31 of the measurement year. A child must be enrolled on December 31, but otherwise may have a single enrollment gap of no more than 45 days and still be considered **continuously eligible**. **Excludes** children with eligibility for programs using state funds only, children who are eligible for both Medicaid and Medicare, children with full third-party liability, and children enrolled in hospice. **Race/ethnicity** categories are mutually exclusive. Hispanic children may be of any race. Where claims-based race information was not known and the child had a Medicaid ID in the First Steps Database, mother's race/ethnicity from the birth certificate was substituted as the race/ethnicity indicator. **Rates** calculated from small numbers may be unstable and may fluctuate widely. Caution should be used when interpreting rates based on small numbers.

Table 13.0a: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-19 Years, By Health Care Delivery Model 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Through Age Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	22,229	551,714	40.3	21,852	574,703	38.0	23,240	612,334	38.0	29,551	778,359	38.0	19,789	890,197	22.2
Community Health Plan of WA	73,652	1,833,514	40.2	65,991	1,739,105	37.9	58,824	1,565,872	37.6	55,291	1,432,037	38.6	25,859	1,202,362	21.5
Coordinated Care of Washington	51,005	1,169,858	43.6	53,618	1,262,122	42.5	52,529	1,252,475	41.9	50,195	1,165,313	43.1	26,746	1,106,215	24.2
Molina Healthcare of WA	166,940	4,537,791	36.8	165,674	4,732,542	35.0	163,331	4,762,250	34.3	169,583	4,776,758	35.5	105,526	4,984,918	21.2
UnitedHealthcare Community Plan	34,141	965,084	35.4	33,566	1,009,755	33.2	32,654	996,186	32.8	25,343	787,548	32.2	17,726	883,967	20.1
Primary Care Case Mgmt (PCCM)	2,265	46,574	48.6	1,560	34,136	45.7	1,092	25,771	42.4	971	20,064	48.4	425	16,114	26.4
Medicaid Managed Care/Model	350,232	9,104,535	38.5	342,261	9,352,363	36.6	331,670	9,214,888	36.0	330,934	8,960,079	36.9	196,071	9,083,773	21.6
Medicaid Fee for Service	19,879	464,998	42.8	12,446	306,421	40.6	11,771	306,664	38.4	14,127	348,118	40.6	7,951	301,762	26.3
Total	370,111	9,569,533	38.7	354,707	9,658,784	36.7	343,441	9,521,552	36.1	345,061	9,308,197	37.1	204,022	9,385,535	21.7

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

Table 13.0b: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-19 Years, By Race/Ethnicity 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Through Age Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	134,926	3,091,019	43.7	129,858	3,142,147	41.3	126,957	3,122,749	40.7	128,202	3,081,149	41.6	69,555	3,092,709	22.5
Not Hispanic or Ethnicity Unknown															
White	152,616	4,221,165	36.2	145,398	4,207,677	34.6	137,924	4,095,273	33.7	137,029	3,959,219	34.6	87,220	3,990,295	21.9
Asian	5,646	331,597	17.0	5,597	327,705	17.1	5,406	313,007	17.3	5,579	297,275	18.8	2,894	297,551	9.7
Black	23,464	558,934	42.0	21,828	560,955	38.9	21,454	552,524	38.8	21,502	542,815	39.6	12,532	552,222	22.7
American Indian/Alaska Native	9,560	211,479	45.2	9,005	212,175	42.4	8,651	213,740	40.5	8,839	211,637	41.8	5,742	219,280	26.2
Hawaiian/Pacific Islander	8,163	229,751	35.5	7,944	233,286	34.1	7,860	231,841	33.9	8,650	231,871	37.3	4,686	241,584	19.4
More Than One Race	27,961	608,035	46.0	27,987	652,908	42.9	28,340	677,474	41.8	28,489	677,875	42.0	16,932	671,702	25.2
Other/Unknown	7,775	317,553	24.5	7,090	321,931	22.0	6,849	314,944	21.7	6,771	306,356	22.1	4,461	320,192	13.9
Total	370,111	9,569,533	38.7	354,707	9,658,784	36.7	343,441	9,521,552	36.1	345,061	9,308,197	37.1	204,022	9,385,535	21.7

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

Table 13.1a: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-1 Year, By Health Care Delivery Model 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	3,613	46,507	77.7	3,272	46,538	70.3	3,387	46,835	72.3	4,117	55,618	74.0	2,531	57,678	43.9
Community Health Plan of WA	7,848	94,905	82.7	7,291	89,538	81.4	6,319	79,512	79.5	5,950	71,846	82.8	2,726	56,311	48.4
Coordinated Care of Washington	6,798	77,011	88.3	7,138	79,924	89.3	6,464	74,283	87.0	5,778	63,079	91.6	3,019	57,694	52.3
Molina Healthcare of WA	18,738	262,197	71.5	18,936	275,149	68.8	18,178	268,193	67.8	18,562	262,601	70.7	11,158	265,075	42.1
UnitedHealthcare Community Plan	4,477	70,348	63.6	4,534	70,686	64.1	4,124	66,209	62.3	3,152	49,808	63.3	2,016	51,856	38.9
Primary Care Case Mgmt (PCCM)	136	1,371	99.2	90	857	105.0	65	617	105.3	63	468	134.6	13	268	48.5
Medicaid Managed Care/Model	41,610	552,339	75.3	41,261	562,692	73.3	38,537	535,649	71.9	37,622	503,420	74.7	21,463	488,882	43.9
Medicaid Fee for Service	3,050	48,298	63.1	1,531	27,043	56.6	1,400	25,444	55.0	1,785	28,516	62.6	888	26,999	32.9
Total	44,660	600,637	74.4	42,792	589,735	72.6	39,937	561,093	71.2	39,407	531,936	74.1	22,351	515,881	43.3

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

Table 13.1b: Ambulatory Care - Emergency Department Visits (AMB): Ages 0-1 Year, By Race/Ethnicity 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Under Age One Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	17,351	178,123	97.4	15,983	168,259	95.0	14,500	155,583	93.2	14,013	147,140	95.2	7,086	134,287	52.8
Not Hispanic or Ethnicity Unknown															
White	17,382	299,859	58.0	17,225	299,176	57.6	16,235	289,392	56.1	16,454	277,136	59.4	10,755	285,007	37.7
Asian	562	13,995	40.2	653	14,279	45.7	545	12,416	43.9	476	11,262	42.3	295	10,949	26.9
Black	2,632	31,639	83.2	2,457	30,833	79.7	2,482	30,874	80.4	2,429	30,324	80.1	1,321	29,878	44.2
American Indian/Alaska Native	1,076	11,092	97.0	1,134	12,216	92.8	1,128	13,528	83.4	1,267	13,720	92.3	720	14,466	49.8
Hawaiian/Pacific Islander	1,467	14,294	102.6	1,297	12,934	100.3	1,375	12,755	107.8	1,609	13,684	117.6	793	13,949	56.8
More Than One Race	3,992	46,004	86.8	3,780	46,559	81.2	3,449	41,656	82.8	2,900	33,666	86.1	1,200	22,285	53.8
Other/Unknown	198	5,631	35.2	263	5,479	48.0	223	4,889	45.6	259	5,004	51.8	181	5,060	35.8
Total	44,660	600,637	74.4	42,792	589,735	72.6	39,937	561,093	71.2	39,407	531,936	74.1	22,351	515,881	43.3

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

Table 13.2a: Ambulatory Care - Emergency Department Visits (AMB): Ages 1-9 Years, By Health Care Delivery Model 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	11,095	274,787	40.4	11,315	293,472	38.6	12,131	316,647	38.3	15,618	400,183	39.0	9,560	450,319	21.2
Community Health Plan of WA	37,322	905,412	41.2	32,620	836,115	39.0	28,747	733,545	39.2	27,213	657,173	41.4	11,535	533,036	21.6
Coordinated Care of Washington	26,644	599,811	44.4	27,174	643,854	42.2	26,366	632,600	41.7	25,329	580,642	43.6	12,066	540,706	22.3
Molina Healthcare of WA	85,676	2,321,615	36.9	84,139	2,382,246	35.3	81,725	2,359,432	34.6	85,404	2,329,870	36.7	48,216	2,384,540	20.2
UnitedHealthcare Community Plan	17,638	493,727	35.7	17,572	519,565	33.8	17,269	513,622	33.6	13,541	402,377	33.7	8,436	441,935	19.1
Primary Care Case Mgmt (PCCM)	1,237	25,456	48.6	767	18,058	42.5	507	12,918	39.2	448	9,589	46.7	145	7,369	19.7
Medicaid Managed Care/Model	179,612	4,620,808	38.9	173,587	4,693,310	37.0	166,745	4,568,764	36.5	167,553	4,379,834	38.3	89,958	4,357,905	20.6
Medicaid Fee for Service	7,932	201,783	39.3	5,090	134,233	37.9	5,000	134,516	37.2	6,230	156,339	39.8	3,159	132,206	23.9
Total	187,544	4,822,591	38.9	178,677	4,827,543	37.0	171,745	4,703,280	36.5	173,783	4,536,173	38.3	93,117	4,490,111	20.7

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

Table 13.2b: Ambulatory Care - Emergency Department Visits (AMB): Ages 1-9 Years, By Race/Ethnicity 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age One to Nine Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	71,647	1,585,866	45.2	68,024	1,571,065	43.3	65,426	1,513,652	43.2	65,515	1,446,652	45.3	32,098	1,403,463	22.9
Not Hispanic or Ethnicity Unknown															
White	73,079	2,103,060	34.7	69,773	2,104,531	33.2	66,381	2,051,796	32.4	67,041	1,979,831	33.9	39,205	1,978,301	19.8
Asian	3,175	145,539	21.8	3,149	142,752	22.1	3,100	134,518	23.0	3,126	125,591	24.9	1,421	123,294	11.5
Black	11,752	277,518	42.3	11,094	278,845	39.8	10,744	272,114	39.5	11,153	264,159	42.2	5,596	264,620	21.1
American Indian/Alaska Native	4,344	102,453	42.4	3,950	101,461	38.9	3,898	100,225	38.9	3,997	99,417	40.2	2,301	102,248	22.5
Hawaiian/Pacific Islander	4,346	112,339	38.7	4,289	115,163	37.2	4,202	113,160	37.1	4,763	111,831	42.6	2,343	115,170	20.3
More Than One Race	14,943	336,011	44.5	14,599	354,311	41.2	14,510	364,977	39.8	14,819	362,830	40.8	8,199	355,037	23.1
Other/Unknown	4,258	159,805	26.6	3,799	159,415	23.8	3,484	152,838	22.8	3,369	145,862	23.1	1,954	147,978	13.2
Total	187,544	4,822,591	38.9	178,677	4,827,543	37.0	171,745	4,703,280	36.5	173,783	4,536,173	38.3	93,117	4,490,111	20.7

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

Table 13.3a: Ambulatory Care - Emergency Department Visits (AMB): Ages 10-19 Years, By Health Care Delivery Model 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Medicaid Managed Care Plan/Model															
Amerigroup Washington Inc	7,521	230,420	32.6	7,265	234,693	31.0	7,722	248,852	31.0	9,816	322,558	30.4	7,698	382,200	20.1
Community Health Plan of WA	28,482	833,197	34.2	26,080	813,452	32.1	23,758	752,815	31.6	22,128	703,018	31.5	11,598	613,015	18.9
Coordinated Care of Washington	17,563	493,036	35.6	19,306	538,344	35.9	19,699	545,592	36.1	19,088	521,592	36.6	11,661	507,815	23.0
Molina Healthcare of WA	62,526	1,953,979	32.0	62,599	2,075,147	30.2	63,428	2,134,625	29.7	65,617	2,184,287	30.0	46,152	2,335,303	19.8
UnitedHealthcare Community Plan	12,026	401,009	30.0	11,460	419,504	27.3	11,261	416,355	27.0	8,650	335,363	25.8	7,274	390,176	18.6
Primary Care Case Mgmt (PCCM)	892	19,747	45.2	703	15,221	46.2	520	12,236	42.5	460	10,007	46.0	267	8,477	31.5
Medicaid Managed Care/Model	129,010	3,931,388	32.8	127,413	4,096,361	31.1	126,388	4,110,475	30.7	125,759	4,076,825	30.8	84,650	4,236,986	20.0
Medicaid Fee for Service	8,897	214,917	41.4	5,825	145,145	40.1	5,371	146,704	36.6	6,112	163,263	37.4	3,904	142,557	27.4
Total	137,907	4,146,305	33.3	133,238	4,241,506	31.4	131,759	4,257,179	30.9	131,871	4,240,088	31.1	88,554	4,379,543	20.2

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

Table 13.3b: Ambulatory Care - Emergency Department Visits (AMB): Ages 10-19 Years, By Race/Ethnicity 2016-2020

Measure AMB - Ambulatory Care -- Emergency Department Visits
Emergency Visits During the Year for Children Age Ten to Nineteen Enrolled in Medicaid or CHIP for at least One Month
Emergency Visits per 1,000 Months of Eligibility 2016-2020

	2016			2017			2018			2019			2020		
	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths	Total ED Visits	Total Elig Months	Visits per 1,000 Mths
Hispanic	45,928	1,327,030	34.6	45,851	1,402,823	32.7	47,031	1,453,514	32.4	48,674	1,487,357	32.7	30,371	1,554,959	19.5
Not Hispanic or Ethnicity Unknown															
White	62,155	1,818,246	34.2	58,400	1,803,970	32.4	55,308	1,754,085	31.5	53,534	1,702,252	31.4	37,260	1,726,987	21.6
Asian	1,909	172,063	11.1	1,795	170,674	10.5	1,761	166,073	10.6	1,977	160,422	12.3	1,178	163,308	7.2
Black	9,080	249,777	36.4	8,277	251,277	32.9	8,228	249,536	33.0	7,920	248,332	31.9	5,615	257,724	21.8
American Indian/Alaska Native	4,140	97,934	42.3	3,921	98,498	39.8	3,625	99,987	36.3	3,575	98,500	36.3	2,721	102,566	26.5
Hawaiian/Pacific Islander	2,350	103,118	22.8	2,358	105,189	22.4	2,283	105,926	21.6	2,278	106,356	21.4	1,550	112,465	13.8
More Than One Race	9,026	226,020	39.9	9,608	252,038	38.1	10,381	270,841	38.3	10,770	281,379	38.3	7,533	294,380	25.6
Other/Unknown	3,319	152,117	21.8	3,028	157,037	19.3	3,142	157,217	20.0	3,143	155,490	20.2	2,326	167,154	13.9
Total	137,907	4,146,305	33.3	133,238	4,241,506	31.4	131,759	4,257,179	30.9	131,871	4,240,088	31.1	88,554	4,379,543	20.2

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

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



2020 Washington Results Report



What is mPINC?

mPINC is CDC's national survey of Maternity Practices in Infant Nutrition and Care.

What does mPINC measure?

The survey measures care practices and policies that impact newborn feeding, feeding education, staff skills, and discharge support.

Who is included in mPINC surveys?

CDC invites all hospitals with maternity services in the U.S. and territories to participate. In 2020, 47 of 59 eligible hospitals in Washington participated (80%).

State Total Score*

85

National Total Score*

81

Implementing best practices and policies in maternity care help to improve breastfeeding outcomes. Use your state's mPINC data to bring together partners, identify gaps, celebrate achievements, and prioritize next steps.

Immediate Postpartum Care	National Subscore	83	Washington Subscore	89	Washington Hospitals with Ideal Response
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (vaginal delivery)					72%
Newborns remain in uninterrupted skin-to-skin contact for at least 1 hour or until breastfed (cesarean delivery)					51%
Mother-infant dyads are NOT separated before rooming-in (vaginal delivery)					98%
Newborns are monitored continuously for the first 2 hours after birth					83%
Rooming-In	National Subscore	76	Washington Subscore	89	Washington Hospitals with Ideal Response
Mother-infant dyads are rooming-in 24 hours/day					98%
Routine newborn exams, procedures, and care occur in the mother's room					66%
Hospital has a protocol requiring frequent observations of high-risk mother-infant dyads					79%
Feeding Practices	National Subscore	82	Washington Subscore	88	Washington Hospitals with Ideal Response
Few breastfeeding newborns receive infant formula					53%
Hospital does NOT perform routine blood glucose monitoring on newborns not at risk for hypoglycemia					96%
When breastfeeding mothers request infant formula, staff counsel them about possible consequences					68%

Feeding Education & Support	National Subscore	93	Washington Subscore	94	Washington Hospitals with Ideal Response
Mothers whose newborns are fed formula are taught feeding techniques and how to safely prepare/feed formula					74%
Breastfeeding mothers are taught/shown how to recognize/respond to feeding cues, to breastfeed on-demand, and to understand the risks of artificial nipples/pacifiers					81%
Breastfeeding mothers are taught/shown how to position and latch their newborn, assess effective breastfeeding, and hand express milk					64%
Discharge Support	National Subscore	79	Washington Subscore	82	Washington Hospitals with Ideal Response
Discharge criteria for breastfeeding newborns requires direct observation of at least 1 effective feeding at the breast within 8 hours of discharge					66%
Discharge criteria for breastfeeding newborns requires scheduling of the first follow-up with a health care provider					91%
Hospital's discharge support to breastfeeding mothers includes in-person follow-up visits/appointments, personalized phone calls, or formalized, coordinated referrals to lactation providers					96%
Hospital does NOT give mothers any of these items as gifts or free samples: infant formula; feeding bottles/nipples, nipple shields, or pacifiers; coupons, discounts, or educational materials from companies that make/sell infant formula/feeding products					74%
Institutional Management	National Subscore	71	Washington Subscore	70	Washington Hospitals with Ideal Response
Nurses are required to demonstrate competency in assessing breastfeeding (milk transfer & maternal pain), assisting with breastfeeding (positioning & latch), teaching hand expression & safe formula preparation/feeding, and demonstrating safe skin-to-skin practices					64%
Hospital requires nurses to be formally assessed for clinical competency in breastfeeding support/lactation management					38%
Hospital records/tracks exclusive breastfeeding throughout the entire hospitalization					91%
Hospital pays a fair market price for infant formula					70%
Hospital has 100% of written policy elements ⁵					24%

*Scores range from 0 to 100, with 100 being the best possible score. The "Total Score" is an average of the subscores for the 6 subdomains.

⁵See the scoring algorithm for specific items at www.cdc.gov/breastfeeding/data/mpinc/scoring.htm

NOTE: The mPINC survey was redesigned in 2018. Results from the 2020 mPINC survey cannot be compared with results from 2007-2015 mPINC surveys.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Questions about the mPINC survey?

Visit www.cdc.gov/breastfeeding/data/mpinc to learn more.

Suggested Citation: Centers for Disease Control and Prevention. Washington 2020 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. Atlanta, GA. September 2021

DNPAO September 2021

Appendix E: Washington State Hospital Association Best Practices Affirmation



Washington State
Hospital Association

April 5, 2022

Beth Tinker, PhD, MN/MPH, RN
Clinical Nurse Advisor/MCH Consultant
Clinical Quality Care Transformation
Washington State Health Care Authority

Dear Beth,

This letter is in response to your recent inquiry about the prevalence of newborn skin-to-skin and rooming-in practices within our Washington State hospital maternity centers. WSHA can affirm/confirm that these best practice recommendations have been widely adopted within the birthing units across Washington. This was validated through site visits and communications with both urban and rural hospital members throughout Washington State.

Please let us know if you need any additional information regarding the incorporation of these best practices.

Sincerely,

Mary Kay Aussenhus, MSN, WHNP, CPHQ
Director of Safety and Quality