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# Pennsylvania CHIP External Quality Review Annual Technical Report 2024–2025 Reporting Cycle

**April 2025**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

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Per *Title 42 CFR § 438.364(a)(7)*, no managed care organization was exempt from the external quality review activities conducted in FFY 2024.

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# I. Executive Summary

## Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the managed care organizations (MCOs). *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. **Box 1** lists the definitions per *Title 42 CFR § 438.320 External quality review*.<sup>1</sup>

### Box 1: Title 42 CFR § 438.320 Definitions

- **Access**, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under network adequacy standards and availability of services.
- **External quality review** means the analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that an MCO, PIHP, PAHP, or PCCM entity, or their contractors furnish to Children’s Health Insurance Program (CHIP) enrollees.
- **External quality review organization** means an organization that meets the competence and independence requirements and performs external quality review and other EQR-related activities.
- **Quality**, as it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its enrollees through (1) Its structural and operational characteristics; (2) the provision of services that are consistent with current professional, evidenced-based-knowledge; and (3) Interventions for performance improvement.

CFR: Code of Federal Regulations; §: section; EQRO: external quality review organization; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; PCCM: primary care case management; EQR: external quality review.

*Title 42 CFR § 438.364 External review results (a) through (d)* requires that the annual EQR be summarized in a detailed annual technical report (ATR) that aggregates, analyzes, and evaluates information on the quality of, timeliness of, and access to health care services that MCOs furnish to Children’s Health Insurance Program (CHIP) recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR § 438.364 External review results (a) through (d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Commonwealth of Pennsylvania (PA) Department of Human Services (DHS) Office of CHIP contracted with IPRO, an EQRO, to conduct the 2024 EQR activities for MCOs contracted to furnish CHIP services in the state.

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<sup>1</sup> [42 CFR 438.320](#)

## Scope of EQR Activities Conducted

This EQR ATR focuses on the four mandatory and one optional EQR activities that were conducted. These activities, defined by the Centers for Medicare and Medicaid Services (CMS), are the following:

- **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that MCO PIPs were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- **CMS Mandatory Protocol 2: Validation of Performance Measures** – This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its CHIP population.
- **CMS Optional Protocol 6: Validation of Quality-of-Care Surveys** – In 2024, satisfaction surveys were conducted for child members. The member survey measured satisfaction with care received, providers, and health plan operations.

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*CMS defines validation in Title 42 CFR § 438.320 Definitions as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”*

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Title 42 CFR § 438.364 External quality review results(a)(6) require each ATR include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for [quality improvement] QI made by the EQRO during the previous year’s EQR.” This section assesses the degree to which each CHIP-MCO has addressed the opportunities for improvement made by IPRO in the 2023–2024 reporting cycle EQR ATRs.

DHS requested that MCOs submit descriptions of current and proposed interventions using the Opportunities for Improvement form developed by IPRO to ensure that responses are reported consistently across the MCOs. **Box 2** details the information captured by the Opportunities for Improvement form.

### **Box 2: Opportunities for Improvement Form Elements**

The Opportunities for Improvement form follows a longitudinal format and captures information regarding:

- follow-up actions that the MCO has taken through June 30, 2024, to address each recommendation;
- future actions that are planned to address each recommendation;
- when and how future actions will be accomplished;
- the expected outcome or goals of the actions that were taken or will be taken; and
- the MCO’s process(es) for monitoring the action to determine the effectiveness of the actions taken.

MCO: managed care organization.

## Findings

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies;
- comparative findings; and
- where applicable, the MCOs' performance strengths and opportunities for improvement.

MCOs were compared to each other, statewide rates, historical trends, and/or national benchmarks, when available, to develop conclusions and recommendations for improvement for each activity, summarized in each section of this report.

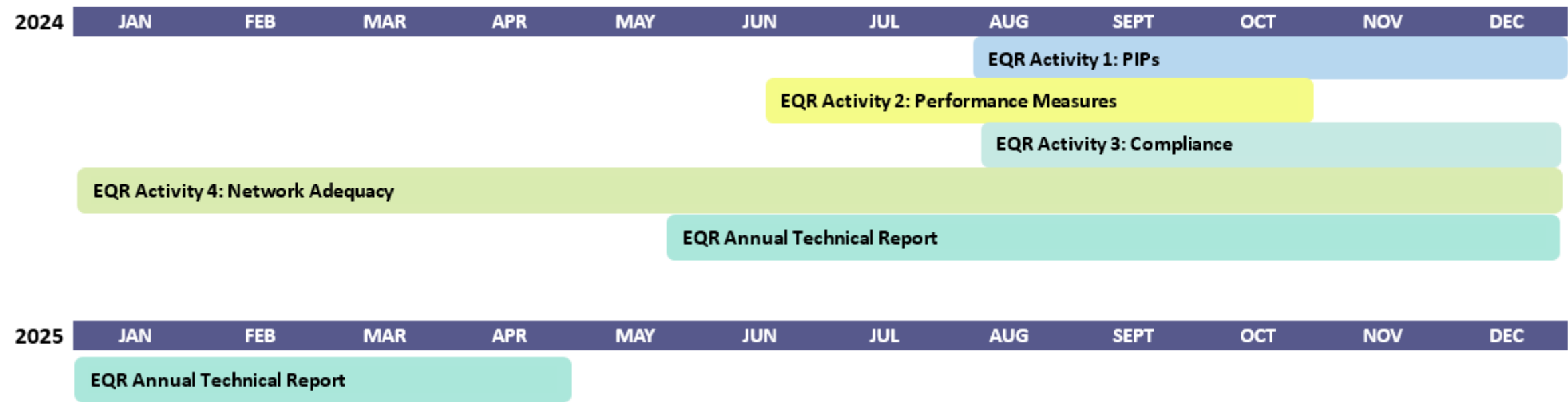
The *CMS External Quality Review (EQR) Protocols* published in February 2023 state that an Information Systems Capabilities Assessment (ISCA) is a required component of the mandatory EQR activities and that the systems reviews conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA.<sup>2</sup> Findings from IPRO's review of the MCOs' HEDIS final audit reports (FAR) are in the **PA CHIP Managed Care Performance Measure Validation Report**.

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<sup>2</sup> Centers for Medicare & Medicaid Services (CMS). (2023, February). *CMS external quality review (EQR) protocols* (OMB Control No. 0938-0786). 67. Department of Health & Human Services. [CMS External Quality Review \(EQR\) Protocols \(medicaid.gov\)](https://www.medicare.gov/external-quality-review).

Timeline of IPRO’s Review of CHIP Activities

The timeline of IPRO’s review is displayed in **Figure 1** to help establish the cycle of review. Activity 1, Validation of Performance Improvement Project, ran from August 2024 to December 2024. Activity 2, Validation of Performance Measures, ran from June 2024 to October 2024. Activity 3, Review of Compliance with Medicaid and CHIP Managed Care Regulations, ran from August 2024 to December 2024. Activity 4, Validation of Network Adequacy, ran throughout 2024. Production surrounding the EQR ATR began in May 2024 and continued through April 2025.

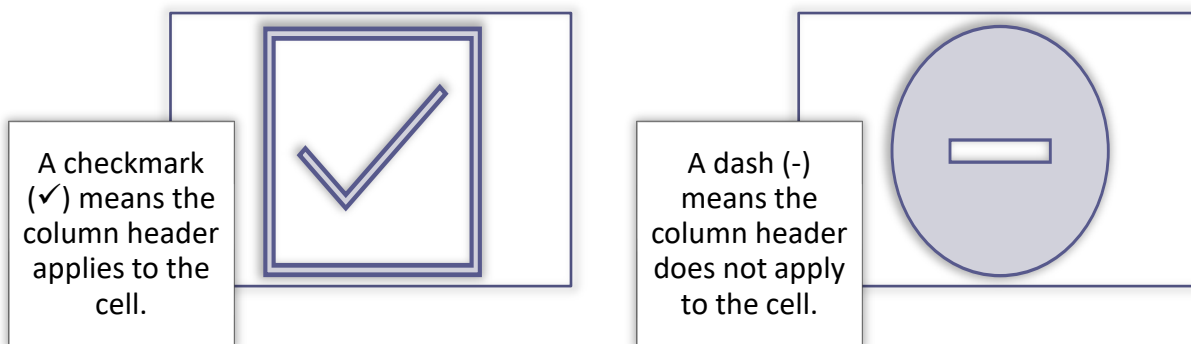


**Figure 1: Timeline of CHIP Activity Review** EQR: external quality review; PIP: performance improvement project.



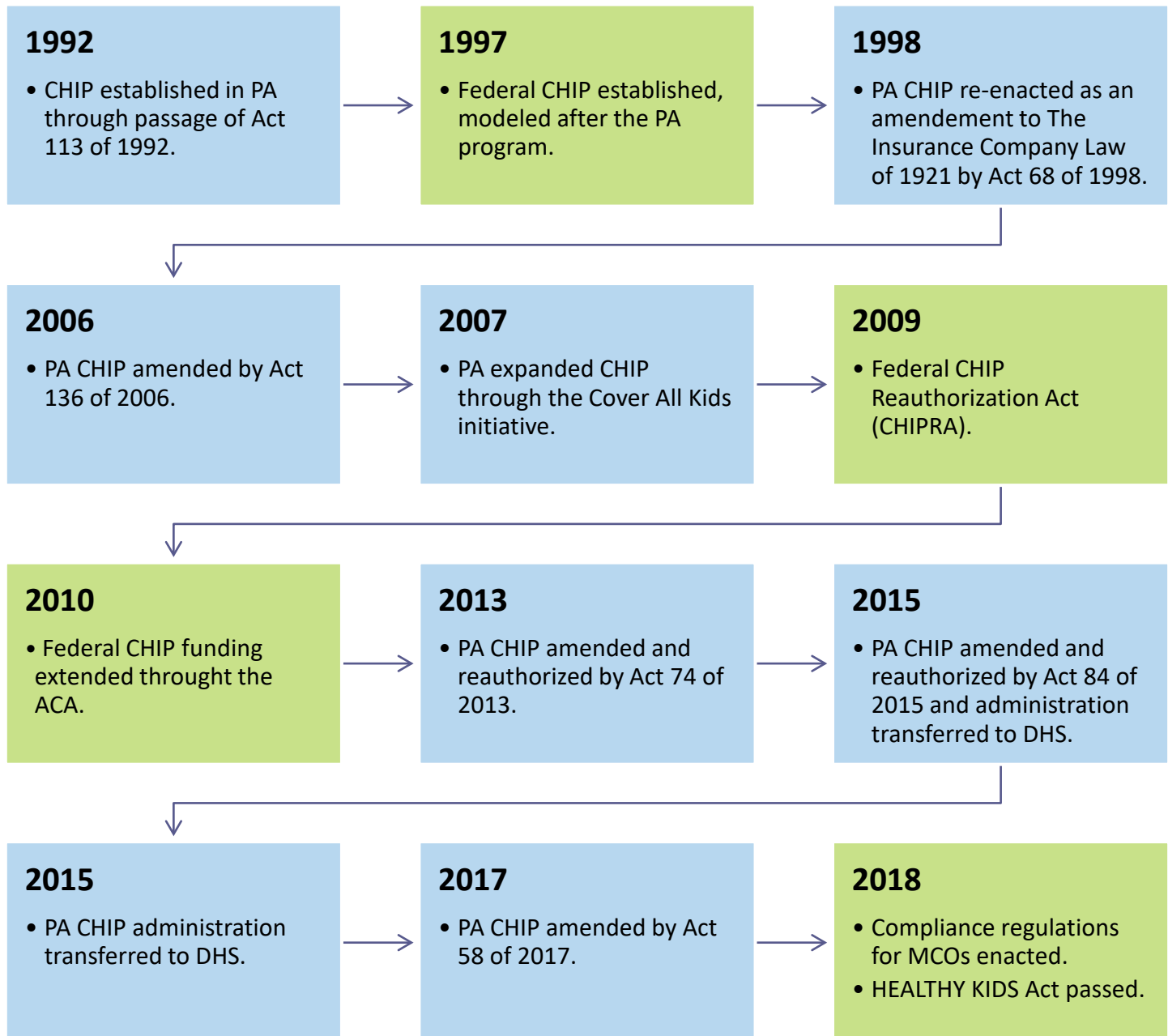
## Note on Accessibility

Several tables in this report use a checkmark to indicate that the column header applies to the cell. When the column header does not apply, the cell has been grayed out. A dash has been added to grayed out cells so that readers using assistive technology understand that the column header does not apply.



## II. PA CHIP Managed Care Program

In December 1992, PA established CHIP as a “one-of-a-kind program designed to provide insurance coverage to children whose families earn too much to qualify for Medical Assistance, but who could not afford to purchase private insurance.”<sup>3</sup> The PA CHIP program has long been acknowledged as a national model, receiving specific recognition in the BBA of 1997 as one of only three CHIPs nationwide that met Congressional specifications. Since 1992, the PA and federal CHIP programs have been re-enacted and amended to extend coverage, expand services, and improve quality and compliance. **Figure 2** chronicles a timeline of the PA and federal CHIPs.



**Figure 2: Development of the PA and Federal CHIPs** PA: Pennsylvania; DHS: Department of Health Services; ACA: Affordable Care Act; MCO: managed care organization

<sup>3</sup> PA DHS. (2024). [A brief history of CHIP](#).

In early 2007, after passage of Act 136 of 2006, PA received approval from the federal government to expand eligibility for CHIP through the Cover All Kids initiative. The key outcomes of the Cover All Kids initiative includes:

- Free CHIP: Coverage has been available to eligible children in households with incomes no greater than 208% of the federal poverty level (FPL);
- Low-cost CHIP: Coverage is available for those with incomes greater than 208% but not greater than 314% of the FPL; and
- At-cost CHIP: Families with incomes greater than 314% of the FPL have the opportunity to purchase coverage by paying the full rate negotiated by the state.

In February 2009, the federal Children’s Health Insurance Program Reauthorization Act (CHIPRA) reauthorized CHIP at the federal level. Historically, federal funding paid for about two-thirds of the total cost of CHIP; however, under CHIPRA, CHIP’s federal funds allotment was substantially increased. CHIPRA contained numerous new federal program requirements, including citizenship and identity verification, a mandate to provide coverage for orthodontic services as medically necessary, a mandate to make supplemental payments in certain circumstances to federally qualified health centers and rural health clinics, a variety of process requirements when CHIP provides coverage through managed care plans, the obligation to provide information about dental providers to be used on a new federal website, and expanded reporting.

The Affordable Care Act (the Patient Protection and Affordable Care Act, together with the Health Care and Education Reconciliation Act of 2010; ACA), signed into law in March 2010, provided additional changes for CHIP. The ACA extended federal funding of CHIP through September of 2015, as well as added a requirement that states maintain the Medical Assistance (MA) and CHIP eligibility standards, methods, and procedures in place on the date of passage of the ACA or refund the state’s federal stimulus funds under The American Recovery and Reinvestment Act of 2009 (ARRA). In December 2015, Governor Tom Wolf signed Act 84 reauthorizing CHIP through 2017 and moving the administration of CHIP from the Insurance Department to DHS. As of July 1, 2018, the CHIP-MCOs were required to comply with changes to the federal managed care regulations (*Title 42 CFR § 457 and 438*). CHIP continues to work with the CHIP-MCOs to ensure organized and efficient implementation of these regulations. On January 22, 2018, the federal government passed a continuing resolution and adopted the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act). CHIP was authorized at the federal level, including funding appropriations through September 30, 2023. On February 9, 2018, Congress acted again to extend CHIP for an additional four years, or until September 30, 2027. CHIP is provided by the following private health insurance companies that are licensed and regulated by the DHS and have contracts with the Commonwealth to offer CHIP coverage.

The MCOs that were participating in the CHIP program as of December 2023 were Aetna Better Health (ABH), Capital Blue Cross (CBC), Geisinger Health Plan (GEI), Highmark Healthy Kids (HHK),<sup>4</sup> Health Partners Plan (HPP), Independence Blue Cross (IBC), UnitedHealthcare Community Plan (UHC), and UPMC for Kids (UPMC).

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*As of March 2025, 165,826 Pennsylvanians were enrolled in CHIP.*

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<sup>4</sup> As of July 1, 2022, Highmark HMO, Highmark PPO, and First Priority Health (NEPA) are reporting under the single entity, Highmark Healthy Kids.

**Pennsylvania Medicaid and CHIP Quality Strategy Review**

PA’s current Quality Strategy, dated December 2023, was developed with input from stakeholders and includes objectives, standards, and goals for the following overarching areas that impact health care services: network adequacy and availability; continuous quality improvement (QI); quality metrics and performance targets; PIPs; external independent reviews; transitions of care; health disparities; intermediate sanctions; long-term services and supports (LTSS); and non-duplication of EQR activities.

The quality strategy elucidates a high-level mission, “...to assist Pennsylvanians in achieving safe, healthy, and productive lives while being an accountable steward of Commonwealth resources,”<sup>5</sup> as well a set of guiding principles that drive a managed care program that is person-centered, relationship-driven, community-based, data-driven, collaborative, innovative and equitable.

**Goals and Objectives**

Pennsylvania’s goals for CHIP align with the mission, vision, and values of DHS. Each managed care program has unique specific goals and objectives, but they all relate back to DHS’s overarching priorities: (1) increase access to healthcare services, (2) improve the health outcomes of populations, and (3) promote efficient and effective use of taxpayer resources.

Access	Improvement	Efficiency
<ul style="list-style-type: none"><li>• Increase access to healthcare services</li></ul>	<ul style="list-style-type: none"><li>• Improve the health outcomes of populations</li></ul>	<ul style="list-style-type: none"><li>• Promote efficient and effective use of taxpayer resources</li></ul>

In addition to these goals, DHS has articulated the following focus domains that drive their strategy:

- increasing value;
- supporting health equity; and
- addressing social determinants of health (SDoH).

These statewide goals align well with the CMS National Quality Strategy Goals.

The state’s objectives for CHIP track progress toward achieving established goals, as well as identify opportunities for improvement. There are subobjectives across the five program offices, including CHIP, within each of these three overarching goals. The CHIP program is administered by the Office of Medical Assistance Programs (OMAP).

**Table 1** displays the goals, objectives, measure target, and EQR protocol that validates activities related to the goal. This information is also outlined in the Quality Strategy for CHIP.

<sup>5</sup> [Medical Assistance and Children’s Health Insurance Program Managed Care Quality Strategy](#)

**Table 1: CHIP Quality Strategy Goals and Objectives**

Goal	Objective	Measure/Target	EQR Protocols
Increase Member Access to Healthcare Services	Increase annual child dental visits	Return CADV to pre-pandemic (MY 2019) levels by MY 2023	Protocol 1. Validation of Performance Improvement Projects  Protocol 2. Validation of Performance Measures
Increase Member Access to Healthcare Services	Increase lead screening	Increase LSC by 3% from MY 2020 to MY 2024	Protocol 1. Validation of Performance Improvement Projects  Protocol 2. Validation of Performance Measures
Increase Member Access to Healthcare Services	Decrease ED utilization and inpatient admissions and readmissions	Return AMB ED Visits to MY 2019 levels by MY 2024  Return IPU Total Discharges to MY 2019 levels by MY 2024	Protocol 1. Validation of Performance Improvement Projects  Protocol 2. Validation of Performance Measures
Increase Member Access to Healthcare Services	Reduce racial disparities for African American members in select quality measures	Improve prenatal care in the first trimester for African American members by 3% from MY 2020 to MY 2024  Reduce racial disparities for African American members for W30 at 15 and 30 months	Protocol 2. Validation of Performance Measures
Increase Member Access to Healthcare Services	Increase contraceptive use in postpartum members	Increase CCP by 2% from MY 2020 to MY 2024	Protocol 2. Validation of Performance Measures
Improve the Health Outcomes of Populations	Improve utilization of key preventive services	Increase W30 (15-month and 30-month age bands) by 3% from MY 2020 to MY 2024	Protocol 2. Validation of Performance Measures
Improve the Health Outcomes of Populations	Improve utilization of key preventive services	Increase WCV by 5% between MY 2020 and MY 2024  Increase AMR by 3% between MY 2020 and MY 2024	Protocol 2. Validation of Performance Measures

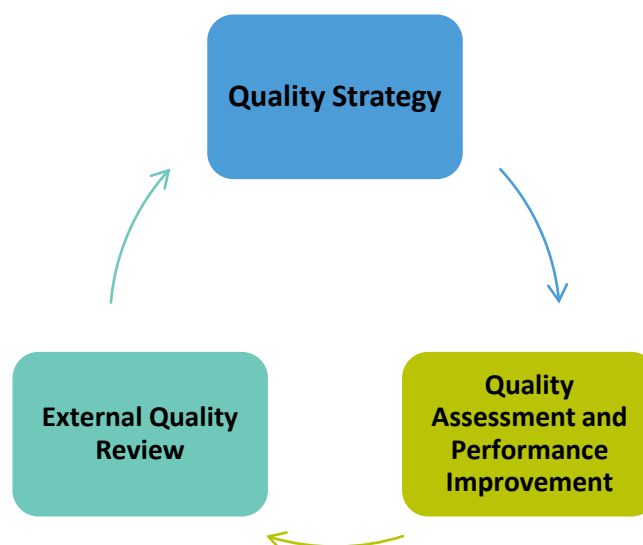
Goal	Objective	Measure/Target	EQR Protocols
Improve the Health Outcomes of Populations	Increase organizational cultural and linguistic capacity to reduce health disparities	Increase 3% of MCOs providing culturally competent care through Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results or Mental Health Statistics Improvement Program (MHSIP) measures for BH	Protocol 6. Administration or Validation of Quality-of-Care Surveys

EQR: external quality review; CADV: Child Annual Dental Visits, CHIP PA performance measure; MY: measurement year; LSC: Leading Screening for Children, HEDIS measure; ED: emergency department; AMB: Ambulatory Care, HEDIS measure; IPU: Inpatient Utilization, HEDIS measure; W30: Well-Child Visits in the First 30 Months of Life, HEDIS measure; WCV: Child and Adolescent Well-Care Visits, HEDIS measure; AMR: Asthma Medication Ratio, HEDIS measure; MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania.

### *Methodology of EQR Review of the Managed Care Quality Strategy*

IPRO employs the rubric from the CMS Medicaid and CHIP Managed Care: Quality Strategy Toolkit Summary, June 2021 in reviewing the PA Medical Assistance and Children’s Health Insurance Program Managed Care Quality Strategy dated December 2023.

CMS’s vision of the EQRO role in evaluating the quality strategy is one where the EQR works to help inform the quality strategy, using findings from Quality Assessment and Performance Improvement (QAPI) programs, which are in turn informed by a host of key components addressing Medicaid and CHIP managed care quality.<sup>6</sup> **Figure 3** displays a high-level visualization of this relationship.



**Figure 3: Informing Medicaid and CHIP Managed Care Quality**

<sup>6</sup> [Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care Quality Strategy Toolkit](#)

## ***IPRO's Assessment of the Pennsylvania Medicaid and CHIP Quality Strategy***

The structure of the CHIP program is addressed in detail including the regional approach, the number, and types of plans. DHS describes its process for seeking input for qualified stakeholders in developing its quality strategy, which includes members, the public, the Medicaid Assistance Advisory Committee, the PA Mental Health Planning Council, the Children's Health Advisory Council, and MCOs.

Specific goals have been established with baseline rates and statewide performance targets. Where applicable, these goals are based on standard performance measures. The goal structure is designed to be flexible, allowing for ongoing adjustments to measures and targets based on the evolving experience of monitoring progress and changes in the population health of members.

### **Monitoring**

DHS outlines the details of their MCO monitoring activities within the Managed Care Quality Strategy (MCQS). These include:

- Standard annual review of HEDIS measures, including:
  - comparison of results to goals;
  - root cause analysis on missed targets; and
  - collaborative remediation planning, goal setting, and re-evaluation with MCOs that miss targets.
- Ongoing review of MCOs compliance with state and federal regulations.
- DHS discusses its Medicaid Enterprise Monitoring Module (MEMM) dashboard, used for cross-program aggregation of quality indicator monitoring. Among the core quality domains that are routinely monitored via MEMM are: Network Adequacy, Compliance, Performance Measures, Surveys, Care Management, and others.

IPRO notes that while the majority of goals have timelines that begin with measurement year (MY) 2024 or later, there are a number of goals that were set with MY 2023. As of this report, DHS has not posted any progress reporting on their quality goals.

### **Discussion of the Quality Management Program**

The 2023 MCQS contains detailed descriptions of the PA statewide initiatives underway or under consideration for achieving the stated goals. SDoH and health equity are targeted with increased detail in the new strategy document. DHS documents its engagement with stakeholders in developing their statewide SDoH strategy and provides details on activities completed and those being initiated.

The report includes a section on PIPs, outlining project aims and key interventions for each PIP. Current PIP topics for the CHIP program include Access to Pediatric Preventive Dental Care and Blood Lead Screening. Readers are directed to the EQR technical report on the DHS website for detailed results and analysis.

A section on network adequacy standards provides specifics on time, distance, and appointment availability, categorized by provider type and geographic region. This section also describes DHS's efforts to monitor compliance with these standards.

The MCQS outlines the process DHS uses to review each MCO's clinical practice guidelines, involving medical experts and grounded in scientific and reliable clinical evidence.

The quality strategy also specifies provisions that could trigger MCO sanctions and potential penalties. The report lists MCO sanctions imposed over the past three years and mentions five implemented work plans, along with discussions on corrective action plans (CAPs). However, the narrative lacks clarity on the current status of these work plans and CAPs, including specific metrics for completion and ongoing monitoring.

PA's quality management plan is robust, particularly with the early adoption of CMS Core Set measures and the ambitious Medicaid Program Oversight Portal (MPOP) project to create quality dashboards. Initiatives targeting health equity, SDoH, and health information are forward-looking and expansive.

IPRO notes that the current list of goals for CHIP does not include any in the Promote Efficient and Effective Use of Taxpayer Resources group.

### **Recommendations to Pennsylvania**

The 2023 MCQS addresses several of the recommendations made in the 2023 ATR:

- Strong numeric targets were established for performance measures.
  - Targets that refer to percentage change should be clarified so the reader is clear whether the goal is the proportional change over the baseline or a pure percentage-point change over the baseline (e.g., if the base line rate is 20%, a 5% change would be 1 percentage point as opposed to a pure 5 percentage-point change).
- A more robust discussion of PIPs has been added.
- A detailed discussion of quality interventions where areas of underperformance were identified has been added.

DHS should consider adding a goal for CHIP under the Promote Efficient and Effective Use of Taxpayer Resources group.

DHS should consider developing an annual progress report that outlines progress toward CHIP goals, highlights any obstacles encountered, and presents strategies for overcoming challenges. Additionally, the report should document successful approaches where significant progress or goal achievement has been observed.



### III. Validation of Performance Improvement Projects

#### Objectives

*Title 42 CFR § 438.330(d) Performance improvement projects* establishes that the state must require contracted MCOs to conduct PIPs that focus on both clinical and nonclinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. Further, MCOs are required to design PIPs to achieve significant, sustained improvement in health outcomes. **Box 3** details the required PIP elements.

#### **Box 3: Title 42 CFR § 438.330(d)(2) PIP Required Elements**

1. Measurement of performance using objective quality indicators,
2. implementation of interventions to achieve improvement in access to and quality of care,
3. evaluation of the effectiveness of interventions based on the performance indicators, and
4. planning and initiation of activities for increasing or sustaining improvement.

CFR: Code of Federal Regulations; §: section; PIP: performance improvement project.

*Title 42 CFR § 438.356(a)(1)* and *Title 42 CFR § 438.358(b)(1)* establish that state agencies must contract with an EQRO to perform the annual validation of PIPs. To meet these federal regulations, PA contracted with IPRO to validate the PIPs that were underway in 2023.

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*The final year of a three-year PIP cycle was 2024. PA DHS assigned two PIP topics to every CHIP-MCO:*

- *Improving Access to Pediatric Preventive Dental Care*
  - *Improving Blood Lead Screening Rate in Children*
- 

#### Technical Methods of Data Collection and Analysis

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. Throughout the cycle of each PIP, IPRO provides technical assistance to each MCO. Technical assistance includes feedback.

CMS's *Protocol 1. Validation of Performance Improvement Projects* was used as the framework to validate each PIP. **Figure 4** details the mandatory EQR Protocol 1 activities.

### Activity 1: Assess the PIP Methodology

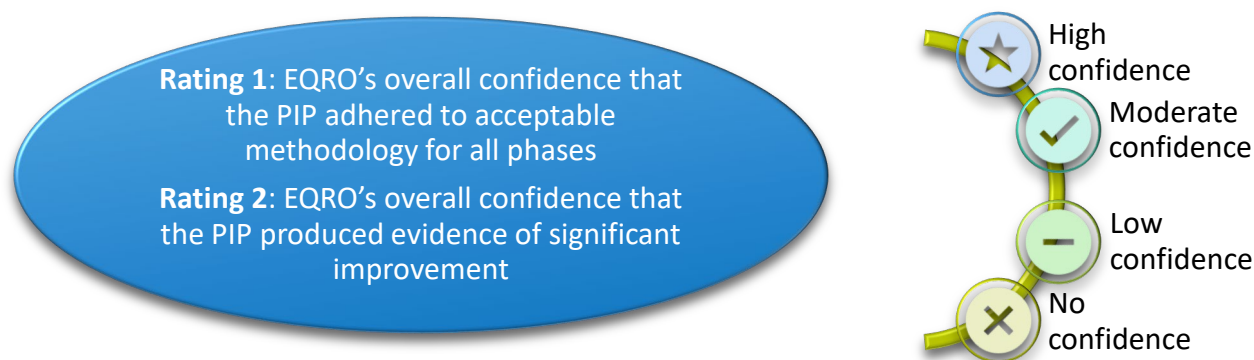
- Step 1: Review the selected PIP topic.
- Step 2: Review the PIP aim statement.
- Step 3: Review the identified PIP population.
- Step 4: Review the sampling method.
- Step 5: Review the selected PIP variables and performance indicators.
- Step 6: Review the data collection procedures.
- Step 7: Review data analysis and interpretation of PIP results.
- Step 8: Assess the improvement strategies.
- Step 9: Assess the likelihood that significant and sustained improvement occurred.

### Activity 2: Perform Overall Validation and Reporting of PIP Results

- Step 1: Assign validation ratings.
- Step 2: Report findings and performance indicator data.

**Figure 4: EQR Protocol 1 Activities** PIP: performance improvement project; EQR: external quality review.

The 2023 EQR protocols transitioned the validation process and reporting of PIP results from a compliance model to a confidence model. The evaluation consists of the review findings being considered to determine whether the PIP results should be accepted as valid and reliable. In accordance with the EQR PIP validation protocol issued by CMS in February 2023, IPRO adopted two qualitative assessments of the PIP, expressed in terms of levels of confidence. **Figure 5** displays the validation determinations and corresponding confidence levels.



**Figure 5: EQR Overall Validation Ratings** EQRO: external quality review organization; PIP: performance improvement project; EQR: external quality review.

IPRO's assessment of indicator performance was based on demonstrated **performance improvement** and whether there was a **statistically significant change** in performance based on a p-value of 0.05 or less. The p-value means that there is a less than a 5% probability that the change was due to random chance.

### Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance indicator calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

## PIP Timeline

PA established a deliverable timeline for the 2022–2024 PIP cycle. MCOs were required to submit a PIP proposal and baseline report in 2022, an interim report in August 2023, and a final report in August 2024 for both topics. **Table 2** depicts the PIP deliverables timeline.

**Table 2: PIP Deliverables Timeline**

MCO PIP Deliverable	Measurement Year (MY)	Due Date
Proposal report	MY 2021	March 2022
Baseline report	MY 2021	August 2022
Interim report	MY 2022	August 2023
Final report	MY 2023	August 2024

PIP: performance improvement project; MCO: managed care organization.

## Conclusions and Comparative Findings

PA identifies PIPs by assessing gaps in care with a focus on applying sustainable interventions that will improve the access, quality, or timeliness of care and services provided to the state’s CHIP beneficiaries. DHS-selected topics require that each MCO implement work plans and activities consistent with PIPs, as required by federal and state regulations. The CHIP PIPs were state-mandated for the MCOs’ CHIP program.

**Table 3** details the PIPs that concluded in 2024.

**Table 3: CHIP-MCO PIP Topics 2024**

PIP Topic	PIP Description
Improving Access to Pediatric Preventive Dental Care	<p>Dental caries is a widespread chronic disease in the United States, impacting at least one in four children ages 2–5 years and one in two adolescents ages 12–15 years. An opportunity for improvement exists for these populations, especially those coming from lower-income families. This PIP focuses on addressing this opportunity through the following HEDIS and MCO-defined measures:</p> <ul style="list-style-type: none"><li>• Annual Dental Visits (HEDIS; ADV)</li><li>• Total Eligible Members Receiving Preventive Dental Services (MCO-defined)</li></ul> <p>In addition, MCOs are asked to develop or define at least one additional measure to be tracked throughout the PIP.</p>
Improving Blood Lead Screening Rate in Children	<p>While data show that there has been a significant decrease in children in the United States with elevated blood lead levels (BLL), in 2021, Pennsylvania was among the states with the highest number of children with BLLs. This PIP focuses on screenings for BLL rates that are above the acceptable level in MCO populations. There is a focus on the following HEDIS and MCO-defined measures:</p> <ul style="list-style-type: none"><li>• Lead Screening in Children (HEDIS; LSC)</li><li>• Total Children Successfully Identified with Elevated Blood Lead Levels (MCO-defined)</li></ul> <p>In addition, MCOs are asked to develop or define at least one additional measure to be tracked throughout the PIP.</p>

MCO: managed care organization; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set.

PIP Topic 1: Improving Access to Pediatric Preventive Dental Care

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 4–35** for each MCO.

Table 4: ABH PIP General Information

PIP Element	Element Description
PIP aim statement	This project aims to increase the access to and utilization of preventive dental services in the pediatric population. We hope to improve our ADV rate from MY2021 rate of 59.38% to or beyond the NCQA 2021 90th percentile of 61.6% as well as Preventive Dental Service (PDS) from MY2021 rate of 45.96% by 5% at the end of the project.
Target age group	2–18 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	Sealant Receipt on Permanent First Molars (CMS Child Core Set, SFM-CH)

PIP: performance improvement project; ADV: Annual Dental Visits; MY: measurement year; NCQA: National Committee for Quality Assurance; MCO: managed care organization; CMS: Centers for Medicare & Medicaid Services.

Table 5: ABH Intervention Strategies

ABH Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Connecting to Better Oral Health:</b> PCP referral to Pediatric Dentist to increase dental compliance. PCP will have a list of members who are non-adherent. Referrals will be tracked by the PCP office self-reporting and by the pediatric dental offices and both be shared with ABH. All reporting of completed care via referrals will be verified through claims.  Program links one dental office to the PCP office. PCP office is informed of dental office for initiative. PCP makes appointment in office contacting the dental office.
<b>Away with Tooth Decay:</b> Telephonic outreach by a licensed and credentialed Public Health Dental Hygienist Practitioners (PHDHPs) with members non-adherent for ADV are provided with dental education (oral hygiene instructions) and appointment scheduling.
<b>Text Message Campaign:</b> Members non-adherent for ADV are outreached via text to educate members and connect for appointment scheduling. Tracking of the outreach is reported to ABH by the vendor. Monthly reports that detail amount of SMS members that were attempted outreached, how many members opted to enroll, and how many chose to disenroll.
<b>Sealant Mailer:</b> Sealant mailer explaining what a sealant is, its importance, and its procedure is sent out to members that are non-adherent for SFM. Mailers are sent out typically twice a year, in Q2 and Q4. Distribution of mailers is communicated to marketing, and tracking of SFM completed as a result of mailer in via claims.
Provider-focused interventions <sup>2</sup>
<b>Block Scheduling:</b> Offices set aside a day or half day for Aetna CHIP members for appointment scheduling. Members non-adherent for ADV are targeted. Members receive a dental oral health bag. Block scheduling forms are available on the website, discussed at QPL meetings, and provider blasts.
<b>Quality Practice Liaison (QPL) Program:</b> Dental and Medical QPLs outreach providers in person, telephonically or virtually to review Gaps in Care Reports (HEDIS and PAPM rates), Provider website and documents, Tobacco Cessation Certification information. QPLs track interaction in a centralized database (types of education, type of interaction, how it was delivered, etc.).
<b>Medical Webinar (live):</b> “Integrating medical & dental care: connecting the mouth to the body” Webinar reviews dental gaps in care report, the impact of Social Determinates of Health on oral health, strategies to improve maternal oral health, tactics to reduce dental disease in children, and solutions for oral care health delivery.

ABH Intervention Strategies
MCO-focused interventions/system changes <sup>3</sup>
<p><b>Community Dental Events:</b> ABH partners with dental providers to engage members non-adherent for ADV. Services may include exam, varnish, and education (at the provider’s discretion). ADV non-compliant members are informed of the event via outreach phone calls for appointment scheduling. Members receive dental oral health bags. List of all known appointments for the event are submitted to the health plan, as well as a list of those that attended and complete dental services. The latter is verified by claims.</p> <p>MCO will hold at least one event per calendar year. Event may be statewide.</p>

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

PCP: primary care provider; ADV: Annual Dental Visits; SFM: Sealant Receipt on Permanent First Molars; Q: quarter; HEDIS: Healthcare Effectiveness Data and Information Set; PAPM: Pennsylvania performance measure; MCO: managed care organization.

Table 6: ABH Performance Indicators and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	59.38%	MY 2023	59.66%	Yes	No
Total Eligible Members Receiving Preventive Dental Services	MY 2021	45.96%	MY 2023	33.65%	No	Yes
Sealant Receipt on Permanent First Molars	MY 2021	32.86%	MY 2023	36.08%	Yes	No

MY: measurement year.

Table 7: ABH PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member- and provider-focused interventions. Weaknesses include staffing changes and provider limitations that influenced interventions.

PIP Validation Information	Validation Findings
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Annual Dental Visits and Sealant Receipt on Permanent First Molars improved from baseline, while not significantly. Total Eligible Members Receiving Preventive Dental Services significantly decreased.
EQRO’s recommendations for improvement	IPro recommends addressing staffing and provider issues to ensure there is adequate amount and interest for future interventions.

PIP: performance improvement project; EQRO: external quality review organization.

Table 8: CBC PIP General Information

PIP Element	Element Description
PIP aim statement	By the end of 2023, Capital aims to: <ul style="list-style-type: none"> <li>• Increase the percentage of CHIP members ages 2-20 who received at least one annual dental visit by an improvement rate of 5 percent compared to MY 2021.</li> <li>• Increase the percentage of CHIP members ages 2-20 who received a preventative dental service by an improvement rate of 5 percent compared to MY 2021.</li> <li>• Increase the percentage of CHIP members ages 2-3 who received at least one dental visit by an improvement rate of 5 percent compared to MY 2021.</li> </ul>
Target age group	2–20 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	Annual Dental Visit in 2-3 Year Olds (MCO-Defined Measure)

PIP: performance improvement project; MCO: managed care organization; MY: measurement year.

Table 9: CBC Intervention Strategies

CBC Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Best Next Action:</b> member services representatives will inform callers about open gaps in care for dental visits.
<b>Email Campaign:</b> Email communication sent to members with messaging on the importance of dental care.
<b>Live Event:</b> Mobile dental coach event with Star Community Health
Provider-focused interventions <sup>2</sup>
Share HEDIS scorecard data with CHIP high volume providers in a value-based relationship on either monthly or quarterly clinical quality meetings; share list of members with gaps in care
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 10: CBC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	61.34%	MY 2023	62.27%	Yes	No
Total Eligible Members Receiving Preventive Dental Services	MY 2021	57.40%	MY 2023	58.16%	Yes	No
Annual Dental Visit in 2–3 Year Olds	MY 2021	27.1%	MY 2023	28.00%	Yes	No

MY: measurement year.

Table 11: CBC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that address the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weaknesses include lack of barriers and lack of diversity in barrier sources; most barriers are drawn from members and providers.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. All three performance indicators improved from baseline; however, none of the improvements were statistically significant.
EQRO’s recommendations for improvement	IPRO recommends CBC perform regular and thorough barrier analyses to identify more barriers that involve a mixture of member, provider, system, MCO, and community barriers.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.



Table 12: GEI PIP General Information

PIP Element	Element Description
PIP aim statement	Improve performance indicators, Annual Dental Visit, Total Eligible Members Receiving Preventive Dental Services, Total Eligible Members 2-3 Years of Age Receiving Preventive Dental Services, for GHP Kids from baseline to final measurement period by implementing the following initiatives: <ul style="list-style-type: none"><li>• Implement Public Health Dental Hygiene Practitioner outreach to improve the percentage of members 2-20 and 2-3 who complete their annual dental visit or receive preventive dental services.</li><li>• Establish members with a dental home.</li><li>• Promote GHP Public Health Dental Hygiene Practitioner program through marketing outreach.</li><li>• Send GHP Public Health Dental Hygiene Practitioner program information to newly enrolled members.</li><li>• Schedule members for preventive dental services on the Geisinger mobile dental unit.</li></ul>
Target age group	2–20 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	Total Eligible Members 2-3 Years of Age Receiving Preventive Dental Services (MCO-Defined Measure)

PIP: performance improvement project; MCO: managed care organization; GHP: Geisinger Health Plan.

Table 13: GEI Intervention Strategies

GEI Intervention Strategies
Member-focused interventions <sup>1</sup>
Public Health Dental Hygiene Practitioner telephonic outreach to complete member oral hygiene instruction.
Public Health Dental Hygiene Practitioner telephonic outreach to schedule and establish dental homes for members who are unable to visit the dental unit.
Provider-focused interventions <sup>2</sup>
The MCO did not employ any provider-focused interventions for this PIP.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.



Table 14: GEI Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	59.86%	MY 2023	66.05%	Yes	Yes
Total Eligible Members Receiving Preventive Dental Services	MY 2021	57.20%	MY 2023	49.11%	No	Yes
Eligible Members 2–3 Years of Age Receiving Preventive Dental Services	MY 2021	34.45%	MY 2023	47.68%	Yes	Yes

MY: measurement year.

Table 15: GEI PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weaknesses include lack of enough barriers and lack of diversity in barrier sources.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Annual Dental Visits and Eligible Members 2–3 Years of Age Receiving Preventive Dental Services improved from baseline, while Total Eligible Members Receiving Preventive Dental Services decreased. All three measures changed significantly from baseline.
EQRO’s recommendations for improvement	IPRO recommends GEI perform regular and thorough barrier analyses to identify more barriers that involve a mixture of member, provider, system, MCO, and community barriers.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Table 16: HPP PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>Implement member outreach program to increase the percent of members ages 2-14 years that complete an annual dental visit from 2021 baseline to 2024 final measurement.</li><li>Implement member rewards program to increase the percent of members ages 0-14 years that complete an annual dental visit from 2021 baseline to 2024 final measurement.</li><li>Implement provider care gap outreach to increase the percent of members ages 2-19 years that complete an annual dental visit from 2021 baseline to 2024 final measurement.</li><li>Implement community dental events to increase the percent of members ages 0-19 years that complete a preventive dental visit from 2021 baseline to 2024 final measurement.</li><li>Implement care management outreach for high-risk members to increase the percent of members ages 0-19 years living with a developmental delay that complete a preventive dental visit from 2021 baseline to 2024 final measurement.</li><li>Implement topical fluoride varnish provider care gap reports to increase the percent of members ages 1-6 years that receive a fluoride varnish treatment from 2021 baseline to 2024 final measurement.</li><li>Implement automated topical fluoride varnish messages to increase the percent of members ages 1-6 years that receive a fluoride varnish treatment from 2021 baseline to 2024 final measurement.</li></ul>
Target age group	0–19 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	<ul style="list-style-type: none"><li>Total Eligible Members Receiving Preventive Dental Services with a Developmental Delay (MCO-Defined Measure)</li><li>Total Eligible Members Receiving Topical Fluoride Varnish (MCO-Defined Measure)</li></ul>

PIP: performance improvement project; MCO: managed care organization.

Table 17: HPP Intervention Strategies

HPP Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Member Incentive Program:</b> Members ages 2–19 years of age that complete a dental visit scheduled via outreach & scheduling vendor receive a gift card.
<b>Member Outreach Program:</b> outreach to members ages 2–14 years of age overdue for an annual dental visit to schedule a dental visit.
<b>Dental Rewards Program:</b> HPP members ages 0–14 years that complete a dental exam are eligible for a \$20 prepaid debit card through the HPP Rewards program.
<b>Community Dental Events:</b> partner with the St. Christopher Dental Van to hold community dental events at provider sites during which members can complete a dental visit (ages 10–14 years) and a well visit with their medical provider.
<b>Care Management for High-Risk members with Developmental Delay:</b> Care management will assist with coordination of dental visit appointment during telephonic outreach for members who are due/overdue for a dental exam.
<b>Educational workshops:</b> Partner with local Head Starts to provide oral health educational workshops on the importance of fluoride varnish and oral hygiene.
<b>Dental Health Events:</b> Partner with network providers to hold community dental events at primary care provider sites during which members (ages 2–12) receive education on topical fluoride varnish and then receive fluoride varnish application.

HPP Intervention Strategies
<b>Topical Fluoride Varnish (TFV) Automated Calls:</b> Automated messages (recorded by HPP Dental Director) sent to head of household for members ages 1–6 that have not had a fluoride varnish this year, encouraging them schedule an appointment.
Provider-focused interventions <sup>2</sup>
<b>Dental Provider Care Gap Outreach:</b> Dental providers are given reports of patients in their practice who have not had a dental visit in the past 12 months for outreach and scheduling. Support is provided throughout the year, including a progress report to help monitor and track their progress on closing members care gaps.
<b>TFV Care Gap Report:</b> Dental providers are given reports of patients in their practice who have not had a dental visit in the past 12 months for outreach and scheduling. Support is provided throughout the year, including a progress report to help monitor and track their progress on closing members care gaps.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 18: HPP Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	62.93%	MY 2023	56.41%	No	Yes
Total Eligible Members Receiving Preventive Dental Services	MY 2021	53.15%	MY 2023	41.16%	No	Yes
Total Eligible Members Receiving Preventive Dental Services with a Developmental Delay	MY 2021	66.10%	MY 2023	55.37%	No	Yes
Total Eligible Members Receiving Topical Fluoride Varnish	MY 2021	44.28%	MY 2023	32.42%	No	Yes

MY: measurement year.

Table 19: HPP PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. The plan demonstrated thorough and comprehensive barrier analysis, thoughtfully chosen active interventions, and continuous intervention monitoring and adaptation based on ITM data analysis. There was credible reason provided regarding increase in denominators as a possible explanation for lack of performance indicator improvement. External factors such as vendor challenges and changes in Medicaid eligibility requirements were well described and factored into the plan’s interpretation of how these external factors may have influenced result interpretation. The PIP study was well designed, and limitations were well explained.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>low</b> confidence that the PIP produced sustained improvement. All three Performance Indicators significantly decreased from baseline. HPP did advise in their final report that a change in Medicaid eligibility caused increases in denominators, impacting their rates for the project.
EQRO’s recommendations for improvement	IPRO recommends consideration of a virtual platform to facilitate phone call reminders, preventive education, and scheduling appointments.

PIP: performance improvement project; EQRO: external quality review organization; ITM: intervention tracking measure.

Table 20: HHK PIP General Information

PIP Element	Element Description
PIP aim statement	<p>The objectives are as follows:</p> <ol style="list-style-type: none"><li>1. Increase HEDIS rates for measures for Annual Dental Visit (ages 2–19) totals by increasing the current rate by an additional 2 percentage points overall by outreaching to household and providers to educate and inform them using our data to identify members that have not yet received preventative dental care, including sealants, via a dental visit. This will also increase the rates of members receiving preventative dental services. The State Weighted Average is the benchmark by which to improve this measure.<ol style="list-style-type: none"><li>a. Outreach activities including calls, emails, text messages and Interactive Voice Recognition (IVR) automated messaging will be used to provide reminders to complete these visits.</li><li>b. The Member Engagement Guides (MEG) team is educated in motivational interviewing and can provide education, assistance in finding and direct scheduling to members in need of a dental provider.</li><li>c. Reporting to dental providers developed so the provider can outreach to members within their current panel of patients that have not received a dental visit.</li></ol></li><li>2. Increase overall utilization of overall preventative dental services for all CHIP members (0-19). We will track progress of member engagement utilizing reporting provided by United Concordia is developed for this PIP. The reporting provides the number of preventative dental services CHIP members receive for each measurement year. An increase/decrease in the percentage of preventative dental visits from the baseline report through the end of the PIP would show the Effectiveness vs. Ineffectiveness of the interventions to improve the percentage of services.</li><li>3. Increase the PA Performance rates for Sealants for eligible CHIP members. The target will reach/exceed the state weighted average for each age cohort. This is a new measure for 2022, the benchmark data is unavailable currently to add the target rates. Targets are the published benchmarks.</li></ol>
Target age group	2–19 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	Sealant Receipt on Permanent First Molars (CMS Child Core Set, SFM-CH)

PIP: performance improvement project; MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; PA: Pennsylvania.

Table 21: HHK Intervention Strategies

HHK Intervention Strategies
Member-focused interventions <sup>1</sup>
Outreach activities to members who are identified in the eligible population that did not complete a dental visit in the prior 12 months.
Outreach activities to members who are identified in the eligible population that did not complete a dental visit in the prior 12 months by vendor Dasher.
Engagement of members with no attribution (no well visit claims within the last 18 months).
Member Engagement Guides (MEGs) make calls out to CHIP member identified as unattributed to assist in finding them a PCP or specialist.
Mobile Dental Unit, a 7-day tour from Pittsburgh to Allentown servicing CHIP members in need of an annual dental visit.
Provider-focused interventions <sup>2</sup>
United Concordia will provide Member Opportunity reporting to CHIP providers notifying them of members who were previously seen by the provider but have not been seen for an annual dental visit in the last 9 months.

HHK Intervention Strategies
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PCP: primary care provider; PIP: performance improvement project.

Table 22: HHK Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	62.28%	MY 2023	63.88%	Yes	No
Total Eligible Members Receiving Preventive Dental Services	MY 2021	N/A	MY 2023	53.13%	Not able to determine	Not able to determine
Sealant Receipt on Permanent First Molars	MY 2021	39.60%	MY 2023	47.04%	Yes	Yes

MY: measurement year; N/A: not applicable, plan cited it as a new measure.

Table 23: HHK PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include active interventions that address barriers identified from member and provider sources. Also, interventions were monitored and adapted. Weaknesses lie with the fact that only two barriers were identified.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. While Annual Dental Visits and Sealant Receipt on Permanent First Molars both improved from baseline, only Sealants Receipt on Permanent First Molars changed significantly. There were insufficient data to determine whether Total Eligible Members Receiving Preventive Dental Services improved from baseline.

PIP Validation Information	Validation Findings
EQRO’s recommendations for improvement	IPRO recommends expanding focus and efforts on identifying a larger number of barriers when developing a PIP.

PIP: performance improvement project; EQRO: external quality review organization.

Table 24: IBC PIP General Information

PIP Element	Element Description
PIP aim statement	By the end of 2023, IBX aims to increase rates preventive dental care services provided to our Keystone HMO CHIP enrollees from 1 to 19 years of age by reducing the gap between baseline rates and 100% by 5% for each Indicator.
Target age group	1–19 years old
Target population	Members who have not had a preventive dental visit in the last calendar year
MCO-defined indicator	<ul style="list-style-type: none"> <li>Eligible members who received dental sealants from a dental provider (MCO-Defined measure)</li> <li>Eligible members who received fluoride treatment from a dental provider (MCO-Defined measure)</li> </ul>

PIP: performance improvement project; IBX: Independence Blue Cross; HMO: health maintenance organization; MCO: managed care organization.

Table 25: IBC Intervention Strategies

IBC Intervention Strategies
Member-focused interventions <sup>1</sup>
Email or text messages sent to parent/guardian of members without a dental visit at least once in the past nine months encouraging them to schedule dental visit.
Email and text messages sent to parent encouraging them to ensure children receive dental sealants.
Provider-focused interventions <sup>2</sup>
“Member Opportunity Report” mailed to providers includes a gap in care report with a list of members with a dental visit claim at that office in the past 4 years but no dental visits in the last 9 months.
Send notices to dental providers advising them to perform and submit claims for preventive services such as dental sealants or fluoride treatment.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 26: IBC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	68.51%	MY 2023	58.92%	No	Yes
Total Eligible Members Receiving Preventive Dental Services	MY 2021	67.30%	MY 2023	56.06%	No	Yes
Eligible Members Who Received Dental Sealants from a Dental Provider	MY 2021	27.74%	MY 2023	23.03%	No	Yes
Eligible Members Who Received Fluoride Treatment from a Dental Provider	MY 2021	61.90%	MY 2023	50.05%	No	Yes

MY: measurement year.

Table 27: IBC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to lack of substantial intervention adaptation in response to stagnating and declining ITM data. Additionally, all interventions were passive and involved the theme of email, text message, or provider mailings without additional active follow-up.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>low</b> confidence that the PIP produced sustained improvement. All four performance indicators significantly decreased from baseline.
EQRO’s recommendations for improvement	IPRO recommends for future PIPs developing active interventions that target each member, provider, and MCO groups.

PIP: performance improvement project; EQRO: external quality review organization; ITM: intervention tracking measure; MCO: managed care organization.



Table 28: UHC PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>Implement dental hygienist telephonic outreach program to improve the Annual Dental Visit rate of CHIP members by 6 percentage points from baseline to final measurement.</li><li>Implement annual Sealant Summit and provider incentive program to improve the rate of CHIP members receiving preventative dental services by 5 percentage points from baseline to final measurement.</li><li>Implement Federally Qualified Health Center (FQHC) dental letter to improve the rate of CHIP Members receiving preventative dental services by 5 percentage points from baseline to final measurement.</li><li>Implement Clinical Practice Consultant (CPC) outreach to improve the rate of CHIP members receiving preventative dental services by 5 percentage points from baseline to final measurement.</li></ul>
Target age group	1–19 years old
Target population	Members who have not had a preventive dental visit or care in the last calendar year
MCO-defined indicator	Sealant Receipt on Permanent First Molars (CMS Child Core Set, SFM-CH)

PIP: performance improvement project; MCO: managed care organization.

Table 29: UHC Intervention Strategies

UHC Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Dental Hygienist telephonic outreach program:</b> Dental hygiene and nutritional education are provided with the goal of improving member awareness of the importance of dental preventative services. The dental hygienist will attempt to link the member with a dental home and make a dental appointment to increase utilization. Successful outreach to members will close the annual dental gap in care utilizing the code D1310.
<b>Federally Qualified Health Center (FQHC) Dental Letter:</b> Letter includes information on how good oral care and healthy diet leads to a lifetime of strong healthy teeth. Education includes an explanation of dental benefits; a routine dental visits every 6 months.
Provider-focused interventions <sup>2</sup>
<b>Sealant Summit and Provider Incentive:</b> Annual sealant summit with key providers highlighting dental sealant utilization. Best practices are discussed. A provider incentive of \$5.00 per dental provider per sealant for members 6-16 years of age is offered during the month of October for an increase in dental sealant application from the previous year. Providers receive fax communication and education by clinical practice consults (CPCs) on this incentive.
<b>Clinical Practice Consultant Outreach:</b> Provide on-going education and gap in care list to providers as well as resources including complete list of in-network dental providers. Encourage and support practices to look at barriers and begin putting systems in place to focus on importance of screening compliance, preventive health visits, and education on dental health.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 30: UHC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	61.05%	MY 2023	65.04%	Yes	Yes
Total Eligible Members Receiving Preventive Dental Services	MY 2021	50.99%	MY 2023	35.66%	No	Yes
Sealant Receipt on Permanent First Molars	MY 2021	50.06%	MY 2023	42.70%	No	Yes

MY: measurement year.

Table 31: UHC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weakness 1: lack of enough barriers and lack of diversity in barrier sources; most barriers are drawn from members and providers. Weakness 2: interventions are mostly passive, and only one intervention involves active outreach to members.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Annual Dental Visits improved from baseline, while the other two decreased. All changes were statistically significant.
EQRO’s recommendations for improvement	IPRO recommends performing regular and thorough barrier analyses to identify more barriers and that involve a mixture of member, provider, system, MCO, and community barriers. An additional recommendation is after regularly conducting barrier analyses, revise and strengthen interventions so they are closely aligned with the identified barrier, are active, are wide-reaching to membership, and are sustainable beyond the duration of the PIP.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Table 32: UPMC PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>To increase the Annual Dental Visits for the CHIP population by 3 percentage points from the baseline measurement period to final measurement period of the PIP.</li><li>To increase the Percentage of Total Eligibles Receiving Preventive Dental Services for the CHIP population by 3 percentage points from the baseline measurement period to the final measurement period of the PIP.</li><li>To increase the Children who Received Preventive Dental Services for the CHIP population by 3 percentage points from the baseline measurement period to the final measurement period of the PIP.</li></ul>
Target age group	0–20 years old
Target population	Members who have not had a preventive dental visit or care in the last calendar year
MCO-defined indicator	Children who Receive a Topical Fluoride Varnish Application (MCO-Defined measure)

PIP: performance improvement project; MCO: managed care organization.

Table 33: UPMC Intervention Strategies

UPMC Intervention Strategies
Member-focused interventions <sup>1</sup>
Hire a PHDHP to educate members on oral hygiene and preventive dental care.
Provider-focused interventions <sup>2</sup>
Educate physical health providers on topical fluoride varnish application.
MCO-focused interventions/system changes <sup>3</sup>
Utilize Clark Resources (a third party vendor) to assist the member with scheduling a dental appointment.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

PHDHP: Public health dental hygiene practitioner; MCO: managed care organization.

Table 34: UPMC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Annual Dental Visits	MY 2021	58.08%	MY 2023	71.04%	Yes	Yes
Total Eligible Members Receiving Preventive Dental Services	MY 2021	46.72%	MY 2023	57.86%	Yes	Yes
Children who Receive a Topical Fluoride Varnish Application	MY 2021	50.03%	MY 2023	50.57%	Yes	Yes

MY: measurement year.

Table 35: UPMC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths of the PIP include valid and consistent data collection methods utilizing UPMC’s claims data and data collected in the care management documentation systems.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>high</b> confidence that the PIP produced sustained improvement. All three performance indicators significantly increased from baseline.
EQRO’s recommendations for improvement	There are no recommendations for the MCO in their final report for this PIP.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Improving Access to Pediatric Preventive Dental Care Comparative Findings

Figure 6 shows visual interpretations of rates for both Annual Dental Visits and Total Eligible Members Receiving Preventive Dental Services from baseline to final report for each MCO. For Annual Dental Visits, six of eight MCOs reported rates that increased from baseline. Only two of eight MCOs reported rates that increased from baseline for Total Eligible Members Receiving Preventive Dental Services.

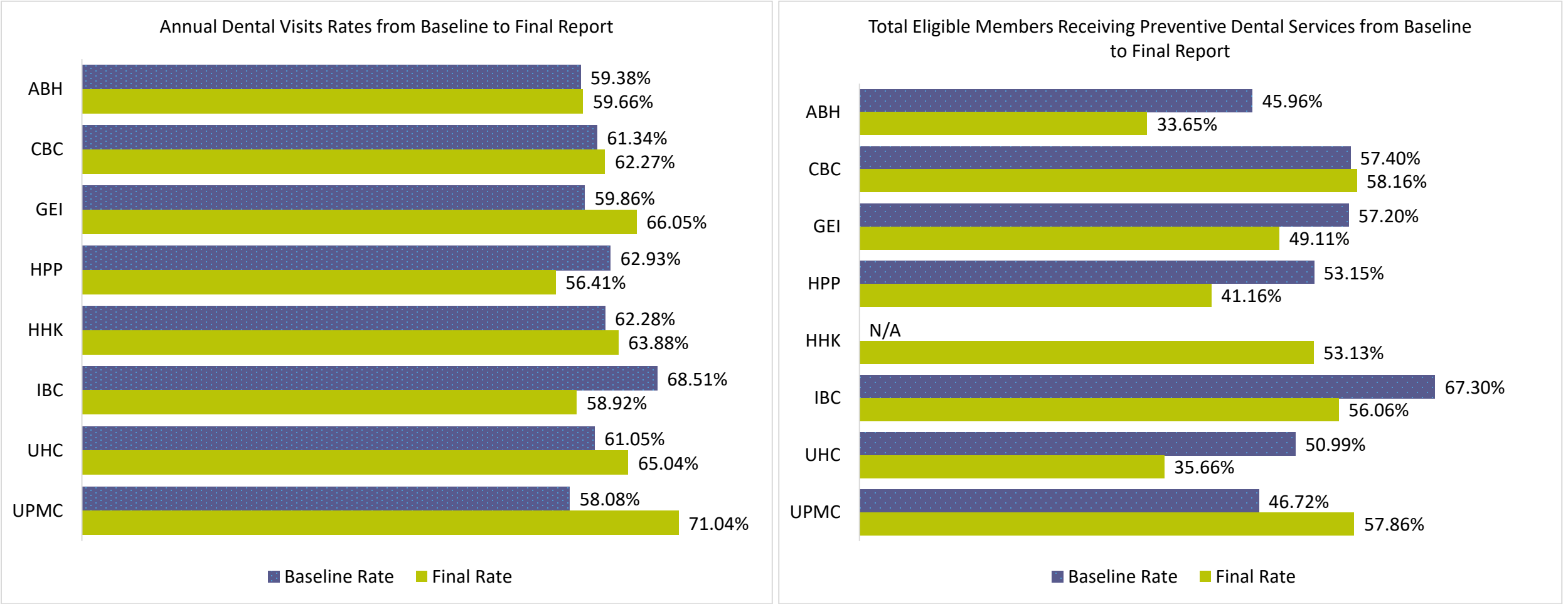
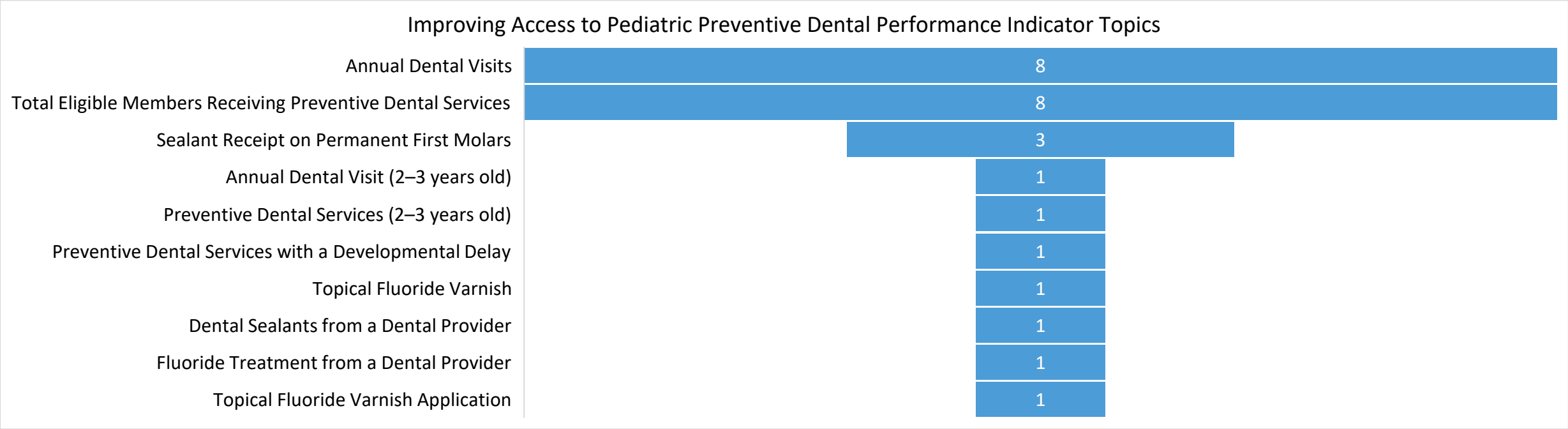


Figure 6: Improving Access to Pediatric Preventive Dental Care Performance Indicator Trends, MY 2021–2023 Purple bars represent baseline rates, and green bars represent final rates. N/A: not available; baseline data were not reported by HHK in MY 2021; MY: measurement year.

**Figure 7** shows the distribution of performance indicators that were covered by MCOs for this topic. While all eight MCOs included Annual Dental Visits and Total Eligible Members Receiving Preventive Dental Services, which were required, MCOs focused on a variety of additional topics for their MCO-defined performance indicator. Topics are summarized based on MCO descriptions in the figure below.



**Figure 7: Improving Access to Pediatric Preventive Dental Performance Indicator Topics**

A comparison of all MCO validation confidence ratings on Improving Access to Pediatric Preventive Dental Care is reported in **Table 36**.

**Table 36: Improving Access to Pediatric Preventive Dental Care MCO Confidence Ratings**

MCO	Validation Rating 1	Validation Rating 2
ABH	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weaknesses include staffing changes and provider limitations that influenced interventions.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Annual Dental Visits and Sealant Receipt on Permanent First Molars improved from baseline, while not significantly. Total Eligible Members Receiving Preventive Dental Services significantly decreased.

MCO	Validation Rating 1	Validation Rating 2
CBC	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that address the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weaknesses include lack of enough barriers and lack of diversity in barrier sources; most barriers are drawn from members and providers.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. All three performance indicators improved from baseline; however, none of the improvements were statistically significant.
GEI	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weaknesses include lack of enough barriers and lack of diversity in barrier sources.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Annual Dental Visits and Eligible Members 2–3 Years of Age Receiving Preventive Dental Services improved from baseline, while Total Eligible Members Receiving Preventive Dental Services decreased. All three measures changed significantly from baseline.
HPP	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. The plan demonstrated thorough and comprehensive barrier analysis, thoughtfully chosen active interventions, and continuous intervention monitoring and adaptation based on ITM data analysis. There was credible reason provided regarding increase in denominators as a possible explanation for lack of performance indicator improvement. External factors such as vendor challenges and changes in Medicaid eligibility requirements were well described and factored into the plan’s interpretation of how these external factors may have influenced result interpretation. The PIP study was well designed, and limitations were well explained.	There is <b>low</b> confidence that the PIP produced sustained improvement. All three performance indicators significantly decreased from baseline. HPP did advise in their final report that a change in Medicaid eligibility caused increases in denominators, impacting their rates for the project.
HHK	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include active interventions that address barriers identified from member and provider sources. Also, interventions were monitored and adapted. Weaknesses lie with the fact that only two barriers were identified.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Sealant Receipt on Permanent First Molars improved from baseline, while Annual Dental Visits decreased. There were insufficient data to determine whether Total Eligible Members Receiving Preventive Dental Services improved from baseline.

MCO	Validation Rating 1	Validation Rating 2
IBC	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to lack of substantial intervention adaptation in response to stagnating and declining ITM data. Additionally, all interventions were passive and involved the theme of email, text message, or provider mailings without additional active follow-up.	There is <b>low</b> confidence that the PIP produced sustained improvement. All four performance indicators significantly decreased from baseline.
UHC	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include continuous intervention monitoring and adaptation, as well as member and provider-focused interventions. Weakness 1: lack of enough barriers and lack of diversity in barrier sources; most barriers are drawn from members and providers. Weakness 2: interventions are mostly passive, and only one intervention involves active outreach to members.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. One performance indicator improved from baseline, while the other two decreased. All changes were statistically significant.
UPMC	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and proposing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths of the PIP include valid and consistent data collection methods utilizing UPMC’s claims data and data collected in the care management documentation systems.	There is <b>high</b> confidence that the PIP produced sustained improvement. All three performance indicators significantly increased from baseline.

MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure.



*Improving Access to Pediatric Preventive Dental Care Previous Recommendations, Plan Responses and Actions, and New Recommendations*

**Table 37** displays the prior year PIP findings for Improving Access to Pediatric Preventive Dental Care, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 37: Improving Access to Pediatric Preventive Dental Care Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	The MCO’s final report should include a focus on robust barrier analysis for Indicator 8.	Partially addressed	IPRO recommends addressing staffing and provider issues to ensure there is adequate amount and interest for future interventions.
CBC	It is recommended that the MCO perform another barrier analysis and subsequent development or modification of new interventions related to Indicator 2, “Total Eligible Members Receiving Preventive Dental Services.”	Addressed	IPRO recommends CBC perform regular and thorough barrier analyses to identify more barriers that involve a mixture of member, provider, system, MCO, and community barriers.
GEI	The MCO’s final report should include additional details surrounding the interventions detailed in their interim report.	Addressed	IPRO recommends GEI perform regular and thorough barrier analyses to identify more barriers that involve a mixture of member, provider, system, MCO, and community barriers.
HPP	No recommendations.	N/A	IPRO recommends consideration of a virtual platform to facilitate phone call reminders, preventive education, and scheduling appointments.
HHK	No recommendations.	N/A	IPRO recommends expanding focus and efforts on identifying a larger number of barriers when developing a PIP.
IBC	No recommendations.	N/A	IPRO recommends for future PIPs developing active interventions that target each member, provider, and MCO groups.
UHC	In future submissions, it was recommended that UHC consider additional barrier analyses and subsequent intervention modifications for Interventions 1 and 4.	Partially addressed	IPRO recommends performing regular and thorough barrier analyses to identify more barriers that involve a mixture of member, provider, system, MCO, and community barriers. An additional recommendation is after regularly conducting barrier analyses, revise and strengthen interventions so they are closely aligned with the identified barrier, are active, are wide-reaching to membership, and are sustainable beyond the duration of the PIP.
UPMC	It is recommended that UPMC include in their next submission details surrounding member education in Intervention 1, particularly focusing on whether sessions will be one-on-one or group, as well as the frequency of the sessions.	Addressed	There are no recommendations for the MCO in their final report for this PIP.

MCO: managed care organization; PIP: performance improvement project; N/A: not applicable.

PIP Topic 2: Improving Blood Lead Screening Rate in Children

PIP summaries, including aim, interventions, results, and validation findings, are reported in **Tables 38–69** for each MCO.

Table 38: ABH PIP General Information

PIP Element	Element Description
PIP aim statement	Implement provider education through our webinar series to improve lead screening rates from baseline to final measurement.
	Implement provider outreach through our Quality Practice Liaison (QPL) program to improve lead screening rates in enrollees from baseline to final measurement.
	Implement outreach calls to enrollees non-adherent for a lead screening to improve lead screening rates from baseline to final measurement.
	Implement texting campaign to enrollees non-adherent for a lead screening to improve lead screening rates from baseline to final measurement.
	Implement outreach calls to enrollees with elevated lead levels to decrease the number of enrollees with elevated lead levels from baseline to final measurement. Enrollees will remain in this ongoing outreach initiative until their blood lead levels continue to decrease to a level below 3.5 micrograms per deciliter.
	Implement Care Management outreach to increase Environmental Lead Investigation referrals and completion of investigations and abatements (if necessary).
Target age group	0–19 years old
Target population	Members who have not had a lead screening, or have been screened with elevated blood lead levels
MCO-defined indicator	The MCO did not include a third indicator for this PIP.

PIP: performance improvement project.

Table 39: ABH Intervention Strategies

ABH Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Member outreach:</b> calls to enrollees who are non-adherent for a lead screening.
Provider-focused interventions <sup>2</sup>
<b>Quality Practice Liaisons (QPLs) provider outreach:</b> QPLs will discuss Gaps In Care Reports and Strategies for Improvement through onsite visits to provider offices and virtual meetings (Web-Ex, telephone calls) with providers. Includes education surrounding the Provider Pay for Quality (P4Q) program.
<b>Provider Pay for Quality (P4Q) program:</b> This program incentivizes providers to order lead testing for all enrollees and ensure that they are completed. Providers must reach a benchmark of the 50th percentile for the 2023 program.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 40: ABH Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	66.24%	MY 2023	66.67%	Yes	No
Total Number of Children Identified with Any Elevated Blood Lead Levels (Toxic Level Dx)	MY 2021	0.75%	MY 2023	0.44%	Yes	Yes

Dx: diagnosis; MY: measurement year.

Table 41: ABH PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. Weakness 1: one required indicator was deleted and not replaced. Weakness 2: one intervention was not completed for most of the PIP due to staffing constraints; the related barrier was therefore not addressed for most of the PIP.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. While Total Number of Children Identified with Any Elevated Blood Lead Levels (Toxic Level Dx) declined significantly, Lead Screening in Children rates increased marginally, but the improvement was not statistically significant.
EQRO’s recommendations for improvement	IPRO recommends that in future PIPs, the MCO closely adhere to PIP requirements. Additionally, barrier analysis and/or intervention modifications should occur throughout the

PIP Validation Information	Validation Findings
	PIP to increase impact and sustainability of interventions. If staffing constraints prevent implementation of an intervention, consider alternative interventions that available resources can support.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization; Dx: diagnosis.

Table 42: CBC PIP General Information

PIP Element	Element Description
PIP aim statement	<p>By the end of 2023, Capital Blue Cross aims to:</p> <ul style="list-style-type: none"> <li>• Increase the percentage of members age 2 years old that received a blood lead screening test by an improvement rate of 5 percent compared to measurement year 2021.</li> <li>• Increase the percentage of members who received six or more well-child visits within the first 15 months of life at an improvement rate of 5 percent compared to measurement year 2021 (preventative screenings are commonly performed during well child check-ups).</li> <li>• Calculate the percentage of CHIP members that have been identified as having an elevated blood lead level (greater than or equal to 3.5 µg/dL).</li> </ul>
Target age group	15 months–2 years
Target population	Members who have not had a lead screening, or have been screened with elevated blood lead levels
MCO-defined indicator	Child Well-Care Visits (Healthcare Effectiveness Data and Information Set measure, W30)

PIP: performance improvement project; MCO: managed care organization.

Table 43: CBC Intervention Strategies

CBC Intervention Strategies
Member-focused interventions <sup>1</sup>
Best Next Action program, where a member service representative (MSR) identifies an open gap in care during an inbound call with a member.
Email Campaigns to members with messaging on preventive care and options for seeking care.
Provider-focused interventions <sup>2</sup>
Share HEDIS scorecard data with CHIP high volume provider groups in a value-based relationship on either monthly or quarterly clinical quality meetings; supply list of attributed members that have gaps in care to provider groups during the clinical quality meetings.
MCO-focused interventions/system changes <sup>3</sup>
Track Capital’s improvements to acquire BLL data for improved PIP reporting.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; BLL: blood lead level; PIP: performance improvement project.

Table 44: CBC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	51.67%	MY 2023	58.95%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels	MY 2021	0.00%	MY 2023	0.00%	No	No
Child Well-Care Visits	MY 2021	67.80%	MY 2023	53.33%	No	No

MY: measurement year.

Table 45: CBC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include: interventions targeting both members and providers, revision/addition of an intervention during the PIP, and thoughtful identification of PIP limitations. A weakness identified was that interventions are primarily passive, requiring a member to call and email distribution.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children rates increased, although not significantly. Total Children Successfully Identified with Elevated Blood Lead Levels remained at baseline levels.
EQRO’s recommendations for improvement	IPRO recommends that after regularly conducting barrier analyses, interventions should be revised and strengthened so they are closely aligned with the identified barrier, are active (e.g., involve some kind of outreach, follow-up, or engagement), are wide-reaching to membership, and are sustainable beyond the duration of the PIP.

PIP: performance improvement project; EQRO: external quality review organization.

Table 46: GEI PIP General Information

PIP Element	Element Description
PIP aim statement	Improve performance indicators lead screening children, total children successfully identified with elevated blood lead levels, and Bright Futures lead screening from baseline to final measurement period by implementing the following initiatives: <ul style="list-style-type: none"><li>• Identify members &lt;2 years of age who are due for lead screening through monthly analytics.</li><li>• Identify members with elevated blood lead levels through monthly analytics (&gt;3.5 mcg/dl).</li><li>• Provide education about lead poisoning to parents of children &lt;2.</li><li>• Offer resources for environmental testing and abatement for members with results above 5mcg/dl.</li></ul>
Target age group	9 months–2 years
Target population	Members who have not had at least one lead screening by age 2 years
MCO-defined indicator	Bright Futures Lead Screenings (MCO-defined measure)

PIP: performance improvement project; MCO: managed care organization.

Table 47: GEI Intervention Strategies

GEI Intervention Strategies
Member-focused interventions <sup>1</sup>
CHIP Member Lead Incentive for completing lead lab draw. CHIP members who are 2 years old are eligible for a \$10 gift card, good for purchase of food and clothing, if they complete one lead capillary or venous blood test by the second birthday.
Member letters sent to members newly identified with a BLL >3.5. Letter includes CDC recommendations, signs/symptoms of lead toxicity and encourages members to contact PCP for repeat blood testing.
Special Needs Unit Coordinator contacts members who have had a blood lead level >5 and refers to Environmental Lead Investigation (ELI).
Provider-focused interventions <sup>2</sup>
Education to providers on appropriate timeframe for completing lead lab draw screening.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; BLL: blood lead level; CDC: Centers for Disease Control and Prevention; PCP: primary care provider; PIP: performance improvement project.

Table 48: GEI Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	55.96%	MY 2023	61.73%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels	MY 2021	0.00%	MY 2023	0.00%	No	No
Bright Futures Lead Screenings	MY 2021	10.09%	MY 2023	8.02%	No	No

MY: measurement year.

Table 49: GEI PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>low</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. There are one or more validation findings that indicate a bias in the PIP results, including (1) it is not clearly defined how the interventions addressed the barriers identified through the barrier analysis; and (2) two interventions did not have eligible members, which left one barrier not addressed by the PIP. The PIP therefore only addressed one barrier.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>low</b> confidence that the PIP produced sustained improvement. While Lead Screening in Children improved from baseline, the change was not significant. GEI’s other two indicators did not improve from baseline.
EQRO’s recommendations for improvement	IPRO recommends in future PIPs, the MCO should align barriers with the interventions, and barrier analysis and/or intervention modifications should occur throughout the PIP to increase impact and sustainability of interventions.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Table 50: HPP PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>Implement in-home lead screening to increase the percent of children 2 years of age with a lead screening from 2021 baseline to 2024 final measurement.</li><li>Implement member rewards program to increase the percent of children 2 years of age with a lead screening from 2021 baseline to 2024 final measurement.</li><li>Implement provider report cards to increase the percent of children 2 years of age with a lead screening from 2021 baseline to 2024 final measurement.</li><li>Implement automated calls/texts, live outreach calls, and case management to members ages 0-19 years with lead levels 3.5-4.9 to increase the percent that receive environmental lead investigation (ELI) services from 2021 baseline to 2024 final measurement.</li><li>Implement care management for members ages 0-19 years with lead levels &gt;5.0 to increase the percent that receive environmental lead investigation (ELI) services from 2021 baseline to 2024 final measurement.</li><li>Implement automated reminder calls to members overdue for lead screening to increase the percent of members 24–72 months of age that complete a catch-up lead screening from 2021 baseline to 2024 final measurement.</li><li>Implement provider performance sheets for targeted providers with members ages 24-72 months of age overdue for lead screening to increase the percent of members that complete a catch-up lead screening from 2021 baseline to 2024 final measurement.</li></ul>
Target age group	0–19 years
Target population	Members who have not had a lead screening, or have been screened with elevated blood lead levels
MCO-defined indicator	<ul style="list-style-type: none"><li>Total Children Successfully Identified with Elevated Blood Lead Levels 3.5-4.9 (MCO-defined measure)</li><li>Total Children Successfully Identified with Elevated Blood Lead Levels &gt;5.0 with ELI Services (MCO-defined measure)</li><li>Catch-Up Blood Lead Screening (MCO-defined measure)</li></ul>

PIP: performance improvement project; MCO: managed care organization.

Table 51: HPP Intervention Strategies

HPP Intervention Strategies
Member-focused interventions <sup>1</sup>
Outreach calls to parents/guardians of members due for a lead screening and an in-home lead visit is offered, in which a technician from vendor partner will visit the member’s home to complete the screening.
Automated calls/texts and/or live case management outreach to members with blood lead level between 3.5-4.9.
Members ages <24 months that complete a capillary or venous blood lead test during the measurement year are eligible to redeem 200 reward points to be used on the HPP rewards member portal or a \$20 prepaid debit card.
Care management for members with >5 blood lead level.
Automated calls to members overdue with lead screening.
Provider-focused interventions <sup>2</sup>
Provider Report Cards to targeted Tax Identification Number (TINs) that are low performing with lead screening.
Provider performance sheets for targeted providers (top 10 sites) with members overdue for lead screening.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.



<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.  
<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.  
<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.  
MCO: managed care organization; PIP: performance improvement project.

**Table 52: HPP Performance Measures and Results**

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	65.63%	MY 2023	60.40%	No	No
Total Children Successfully Identified with Elevated Blood Lead Levels 3.5-4.9	MY 2021	0.00%	MY 2023	100.00%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels > 5.0 with ELI Services	MY 2021	0.00%	MY 2023	75.00%	Yes	Yes
Catch-Up Blood Lead Screening	MY 2021	22.34%	MY 2023	22.82%	Yes	No

MY: measurement year.

**Table 53: HPP PIP Validation Information**

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths included some interventions that were proactive and multifaceted. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. Weakness: several interventions/ITMs had very small denominators/eligible members, leaving some barriers not addressed by interventions.

PIP Validation Information	Validation Findings
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. While Lead Screening in Children did not improve, the MCO’s three other measures, which look at identifying members with elevated blood levels and catch-up screenings, did improve. Only one of these measures changed significantly from baseline.
EQRO’s recommendations for improvement	IPRO recommends completing more robust barrier analyses during future PIPs to better understand why planned interventions are having a more limited impact than desired. There is also room for the MCO to revise or add interventions to increase the impact and ultimately further improve measure performance.

PIP: performance improvement project; EQRO: external quality review organization; ITM: intervention tracking measure; MCO: managed care organization.

Table 54: HHK PIP General Information

PIP Element	Element Description
PIP aim statement	<p>Highmark plans to improve lead screening rates in children ages 1-2 years by implementing the following member-specific interventions in 2022 &amp; 2023:</p> <ul style="list-style-type: none"> <li>• Complete CHIP specific drill-down analysis on lead screenings (e.g., age, zip code, PCP, ICD codes, CPT codes).</li> <li>• Identify children that have not received their lead screenings for members whose second birthday falls within the measurement year and members under two years old.</li> <li>• Utilize the Interactive Voice Response (IVR) system, Member Engagement Guides (MEGs) team and/or other member outreach methods to reach these households.</li> <li>• Partner with Highmark’s Clinical Transformation Consultants (CTCs) to identify and engage providers to increase lead blood test screenings.</li> <li>• Monitor outreach and engagement activities, as well as gap-closure metrics to be established through these initiatives.</li> <li>• Identify lessons learned from these initiatives to improve outreach and engagement to our members and realize a more significant increase in lead screenings that would encourage early detection, treatment, or prevention of chronic or acute conditions.</li> </ul> <p>Increase the percentage of children identified with an Elevated Blood Level (EBLL) utilizing existing and new reporting to determine the number of CHIP members with an Elevated Blood Level. Data will comprise of claims data, lab data and electronic medical records.</p> <p>Increase the ability to receive Lead Blood Level screening scores reported to Highmark.</p> <ul style="list-style-type: none"> <li>• Utilize electronic medical records to identify lead blood levels.</li> <li>• Increase ability of providers to complete point of care testing in office and report back to Highmark CHIP members with an elevated blood level.</li> </ul>
Target age group	1–2 years
Target population	Members who have not had at least one lead screening by age 2 years
MCO-defined indicator	Percent of lead blood screening scores reported back to Highmark (MCO-Defined measure)

PIP: performance improvement project; PCP: primary care provider; ICD: International Classification of Disease; CPT®: Current Procedural Terminology.

Table 55: HHK Intervention Strategies

HHK Intervention Strategies
Member-focused interventions <sup>1</sup>
Member Engagement Guides (MEGs) will outreach to members under 2 years of age or are turning 2 in the measurement year with a lead screening gap.
Utilized Dasher, a small diverse business, to complete a call campaign to remind parents of well visits and added lead screening reminders for members also identified with a lead blood screening gap.
Engagement of members with no attribution (no well visit claims within the last 18 months).
Member Engagement Guides (MEGs) make calls out to CHIP member identified as unattributed to assist in finding them a PCP or specialist.
Provider-focused interventions <sup>2</sup>
Clinical Transformation Consultants (CTCs) perform outreach to True Performance providers to identify and solution for concerns to complete lead blood screening.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.  
<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.  
<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.  
MCO: managed care organization; PCP: primary care provider; PIP: performance improvement project.

Table 56: HHK Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	60.38%	MY 2023	71.43%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels	MY 2021	5.03%	MY 2023	8.57%	Yes	No
Percent of Lead Blood Screening Scores Reported Back to Highmark	MY 2021	55.35%	MY 2023	57.71%	Yes	No

MY: measurement year.

Table 57: HHK PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths of the PIP include interventions targeting both members and providers, as well as utilizing smaller local resources that demonstrated a noteworthy impact.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>high</b> confidence that the PIP produced sustained improvement. All three performance indicators increased from baseline.
EQRO’s recommendations for improvement	IPRO recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Table 58: IBC PIP General Information

PIP Element	Element Description
PIP aim statement	By the end of 2023, the Plan aims to: increase lead screening rates in children ≤ 27 months; identify and track lead retesting for children identified with elevated BLL until test results are under the recommended reference range of 3.5 ug/dL for lead poisoning; and increase well visit rates in children (six or more well visits before age 15 months and two or more well-child visits by age 30 months.
Target age group	0–30 months
Target population	Members who have not had at least one lead screening, or been retested for those with elevated blood lead levels
MCO-defined indicator	<ul style="list-style-type: none"><li>Tracking Lead Retest for children ≤ 27 months (MCO-Defined)</li><li>Child and Adolescent Well-Care Visits (Healthcare Effectiveness Data and Information Set measure, W30)</li></ul>

PIP: performance improvement project; MCO: managed care organization.

Table 59: IBC Intervention Strategies

IBC Intervention Strategies
Member-focused interventions <sup>1</sup>
Expand lead testing site options for members.
Member and provider lead education video to further educate members about the importance of lead testing, provide lead abatement education and resources, improve provider participation, and use as a Health Coach education and support tool.
Gap list mailing for children needing lead test to provider practices with information regarding in-office training with collaborating vendor.

IBC Intervention Strategies
Health Coaches, Population Health Specialists, and other Care Management team tracked lead retests for members identified with elevated BLL until test results were under the recommended reference range of 3.5 ug/dL
Assessment of compliance with 3-month re-test guidelines stratified by high and low-risk zip codes and race/ethnicity among kids first identified for elevated BLL at ≤ 27 months.
Email or text reminders sent to caregivers of children 0-30 months to schedule and receive recommended well visits.
Provider-focused interventions <sup>2</sup>
Provider Lead Testing in Provider’s Office Program, which includes practices and staff receiving in-office training.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; BLL: blood lead level; PIP: performance improvement project.

Table 60: IBC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	57.36%	MY 2023	59.56%	Yes	No
Tracking Lead Retest for children ≤ 27 months	MY 2021	3.33%	MY 2023	75.00%	Yes	No
Child and Adolescent Well-Care Visits: First 15 Months	MY 2021	50.48%	MY 2023	54.44%	Yes	No
Child and Adolescent Well-Care Visits: First 30 Months	MY 2021	85.94%	MY 2023	82.20%	No	No

MY: measurement year.

Table 61: IBC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children and retests improved, while measures tracking well-care visits had mixed results. None of the changes in rates from baseline were statistically significant.
EQRO’s recommendations for improvement	IPRO recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Table 62: UHC PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>• Implement Omni Channel member outreach to improve Lead Screening in Children rates by 5 percentage points from baseline to final measurement.</li><li>• Implement Quality Team member telephonic outreach to improve the Lead Screening in Children rates by 5 percentage points from baseline to final measurement.</li><li>• Implement Quest Pilot Program to improve Lead Screening in Children rate of CHIP members 0-2 years of age by 5 percentage points from baseline to final measurement.</li><li>• Implement a focused education program for low performing providers attributed to improve the Lead Screening in children rate by 5 percentage points from baseline to final measurement.</li><li>• Implement clinical practice consults (CPC) outreach to improve Lead Screening in Children rates for high-volume providers by 5 percentage points from baseline to final measurement.</li><li>• Implement Let’s Get Checked in-home lab lead test kit to improve Lead Screening in Children rates by 5 percentage points from baseline to final measurement as well as increasing the identification of any children with an elevated blood lead level from baseline to final measurement.</li></ul>
Target age group	0–2 years
Target population	Members who have not had at least one lead screening, or been retested for those with elevated blood lead levels
MCO-defined indicator	<ul style="list-style-type: none"><li>• Total Children Successfully Identified with Elevated Blood Lead Levels (MCO-Defined measure)</li><li>• Total children who successfully obtained a blood lead screening before their first birthday (MCO-Defined measure)</li></ul>

PIP: performance improvement project; MCO: managed care organization.

Table 63: UHC Intervention Strategies

UHC Intervention Strategies
Member-focused interventions <sup>1</sup>
<b>Omni Channel Member Outreach Pilot:</b> Outreach will enable three different methods/channels of communication with members: email, text, and IVR calling. It will serve as a reminder to get lead screening and include education.
<b>Telephonic Member Outreach:</b> Live telephonic outreach focusing on members 6-17 months of age to proactively provide education and assure adequate opportunity is given for parent/guardian to obtain a lead screening for child by age 2.
<b>Quest Pilot Program:</b> Quest Health Connect is a vendor pilot program targeting UHC members 6-18 months of age for lead blood screening. Eligible members will be mailed an introduction letter from the vendor to encourage scheduling and provide website and phone number to schedule appointment.
<b>Let’s Get Checked Program:</b> An in-home lead testing program that auto deploys test kits and letters to all non-compliant members ages 6-18 months.
Provider-focused interventions <sup>2</sup>
<b>Focused Education on low performing providers.</b> Clinical Practice Consultants (CPCs) will provide focused outreach to the seven providers groups with members aged 0-2 years with a blood lead screening rate at or below 60%.
<b>Clinical Practice Consultant Outreach:</b> The CPCs provide on-going education and resources to providers (both high-volume and overall providers) with children aged 0-2 years by providing the offices with their gap in care list.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project; IVR: interactive voice response.

Table 64: UHC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	72.35%	MY 2023	73.09%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels	MY 2021	1.89%	MY 2023	1.65%	No	No

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Total Children Who Successfully Obtained a Blood Lead Level Before the First Birthday	MY 2021	60.41%	MY 2023	52.79%	No	No

MY: measurement year.

Table 65: UHC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers. There were no validation findings that indicate that the credibility of the PIP results is at risk.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children improved; however, the remaining measures looking at identified elevated BLLs and testing before the member’s first birthday did not improve from baseline. None of the changes in measure rates were statistically significant.
EQRO’s recommendations for improvement	IPRO recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.

PIP: performance improvement project; EQRO: external quality review organization; BLL: blood lead level; MCO: managed care organization.



Table 66: UPMC PIP General Information

PIP Element	Element Description
PIP aim statement	<ul style="list-style-type: none"><li>Implement enhanced targeted marketing outreach to improve the Lead Screening in Children rate for the CHIP population by 4 percentage points from the baseline measurement period to the final measurement period of the PIP. Target was updated due to exceeding original goal. This target was selected to show statistically significant improvement from the interim rate, using statistical significance testing with a 95% confidence interval. The revised aim statement is to implement enhanced targeted marketing outreach to improve the Lead Screening in Children rate for the CHIP population by 5.67 percentage points from the interim measurement period to the final measurement period of the PIP.</li><li>Implement refined telephonic outreach to improve the total number of children successfully identified with elevated blood lead levels in the CHIP population by 2.55 percentage points from the baseline measurement period to the final measurement period of the PIP.</li><li>Implement enhanced care management follow-up intervention protocols to improve the total number of children successfully identified with elevated blood lead levels in the CHIP population who receive care management follow-up by 18.93 percentage points from the baseline measurement period to the final measurement period of the PIP.</li></ul>
Target age group	0–19 years
Target population	Members who have not had at least one lead screening, or been retested for those with elevated blood lead levels
MCO-defined indicator	<ul style="list-style-type: none"><li>Total Children Successfully Identified with Elevated Blood Lead Levels (MCO-Defined measure)</li><li>Total Children with Elevated Blood Lead Levels Who Received Care Management Follow-up (MCO-Defined measure)</li></ul>

PIP: performance improvement project; MCO: managed care organization.

Table 67: UPMC Intervention Strategies

UPMC Intervention Strategies
Member-focused interventions <sup>1</sup>
Enhance targeted marketing outreach to members living in high lead areas.
Refined telephonic outreach to members with an initial elevated capillary blood lead screen to encourage the completion of a second confirmatory venous blood lead screening.
Provider-focused interventions <sup>2</sup>
Enhance case management follow-up intervention protocols for members with a confirmed elevated blood lead level.
MCO-focused interventions/system changes <sup>3</sup>
The MCO did not employ any MCO-focused interventions/systems changes for this PIP.

<sup>1</sup> Member interventions are those aimed at changing member practices or behaviors.

<sup>2</sup> Provider interventions are those aimed at changing provider practices or behaviors.

<sup>3</sup> MCO/system change interventions are aimed at changing MCO operations.

MCO: managed care organization; PIP: performance improvement project.

Table 68: UPMC Performance Measures and Results

Performance Measure	Baseline Year	Baseline Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Rate	Demonstrated Improvement (Yes/No)	Statistically Significant Change in Performance (Yes/No)
Lead Screening in Children	MY 2021	73.11%	MY 2023	79.21%	Yes	No
Total Children Successfully Identified with Elevated Blood Lead Levels	MY 2021	4.15%	MY 2023	3.99%	No	No
Total Children with Elevated Blood Lead Levels Who Received Care Management Follow-up	MY 2021	70.27%	MY 2023	72.22%	Yes	No

MY: measurement year.

Table 69: UPMC PIP Validation Information

PIP Validation Information	Validation Findings
Was the PIP validated? (Yes/No)	Yes
Validation phase	Final report
Validation rating 1: EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, as well as conducted accurate data analysis and interpretation of PIP results.	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths include interventions that are proactive and multifaceted.
Validation rating 2: EQRO’s overall confidence that the PIP produced significant evidence of improvement.	There is <b>moderate</b> confidence that the PIP produced significant evidence of improvement. While Lead Screening in Children and Total Children with Elevated Blood Lead Levels Who Received Care Management Follow-up have improved, none of the final reported rates have statistically significantly changed from baseline.
EQRO’s recommendations for improvement	IPRO recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.

PIP: performance improvement project; EQRO: external quality review organization; MCO: managed care organization.

Improving Blood Lead Screening Rate in Children Comparative Findings

A comparison of all MCO validation confidence ratings on PIP Topic 2 is reported in **Table 70**.

**Table 70: Improving Blood Lead Screening Rate in Children MCO Confidence Ratings**

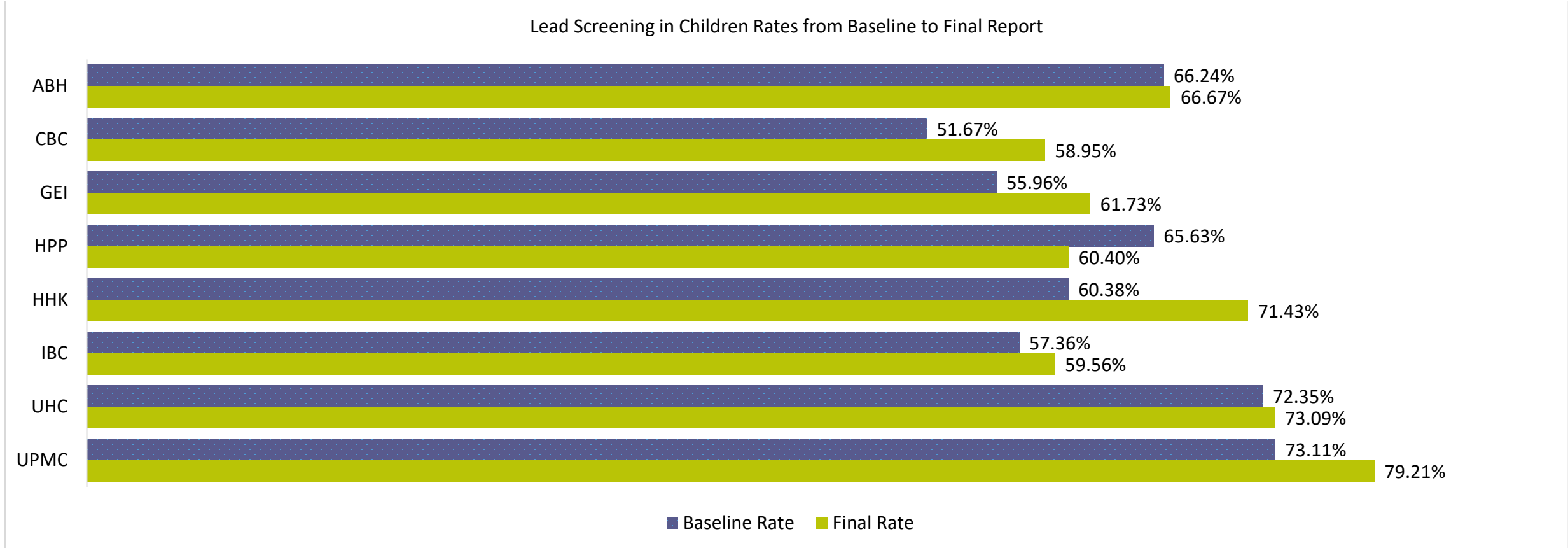
MCO	Validation Rating 1	Validation Rating 2
ABH	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. Weakness 1: one required indicator was deleted and not replaced. Weakness 2: one intervention was not completed for most of the PIP due to staffing constraints; the related barrier was therefore not addressed for most of the PIP.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. While Total Number of Children Identified with Any Elevated Blood Lead Levels (Toxic Level Dx) declined significantly, Lead Screening in Children rates increased marginally, and the improvement was not statistically significant.
CBC	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths of the PIP include: interventions targeting both members and providers, revision/addition of an intervention during the PIP, and thoughtful identification of PIP limitations. A weakness identified was that interventions are primarily passive, requiring a member to call and email distribution.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children rates increased, although not significantly. Total Children Successfully Identified with Elevated Blood Lead Levels remained at baseline levels.
GEI	There is <b>low</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. There are one or more validation findings that indicate a bias in the PIP results, including (1) it is not clearly defined how the interventions addressed the barriers identified through the barrier analysis; and (2) two interventions did not have eligible members, which left one barrier not addressed by the PIP. The PIP therefore only addressed one barrier.	There is <b>low</b> confidence that the PIP produced sustained improvement. While Lead Screening in Children improved from baseline, the change was not significant. GEI's other two indicators did not improve from baseline.
HPP	There is <b>moderate</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths included some interventions that were proactive and multifaceted. The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. Weakness: several interventions/ITMs had very small denominators/eligible members, leaving some barriers not addressed by interventions.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. While Lead Screening in Children did not improve, the MCO's three other measures which look at identifying members with elevated blood levels and catch-up screenings did improve. Only one of these measures changed significantly from baseline.

MCO	Validation Rating 1	Validation Rating 2
HHK	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths of the PIP include interventions targeting both members and providers, as well as utilizing smaller local resources that demonstrated a noteworthy impact.	There is <b>high</b> confidence that the PIP produced sustained improvement. All three performance indicators increased from baseline.
IBC	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children and retests improved, while measures tracking well-care visits had mixed results. None of the changes in rates from baseline were statistically significant.
UHC	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that addressed the barriers. Strengths include interventions that are proactive and target both members and providers. There were no validation findings that indicate that the credibility of the PIP results is at risk.	There is <b>moderate</b> confidence that the PIP produced sustained improvement. Lead Screening in Children improved; however, the remaining measures looking at identified elevated BLLs and testing before the member’s first birthday did not improve from baseline. None of the changes in measure rates were statistically significant.
UPMC	There is <b>high</b> confidence that the PIP adhered to acceptable methodology for determining the aim and methodology of the PIP, identifying barriers, and developing interventions that address the barriers. There were no validation findings that indicate that the credibility of the PIP results is at risk. Strengths include interventions that are proactive and multifaceted.	There is <b>moderate</b> confidence that the PIP produced significant evidence of improvement. While Lead Screening in Children and Total Children with Elevated Blood Lead Levels Who Received Care Management Follow-up have improved, none of the final reported rates have statistically significantly changed from baseline.

MCO: managed care organization; PIP: performance improvement project; Dx: diagnosis; ITM: intervention tracking measure; BLL: blood lead level.

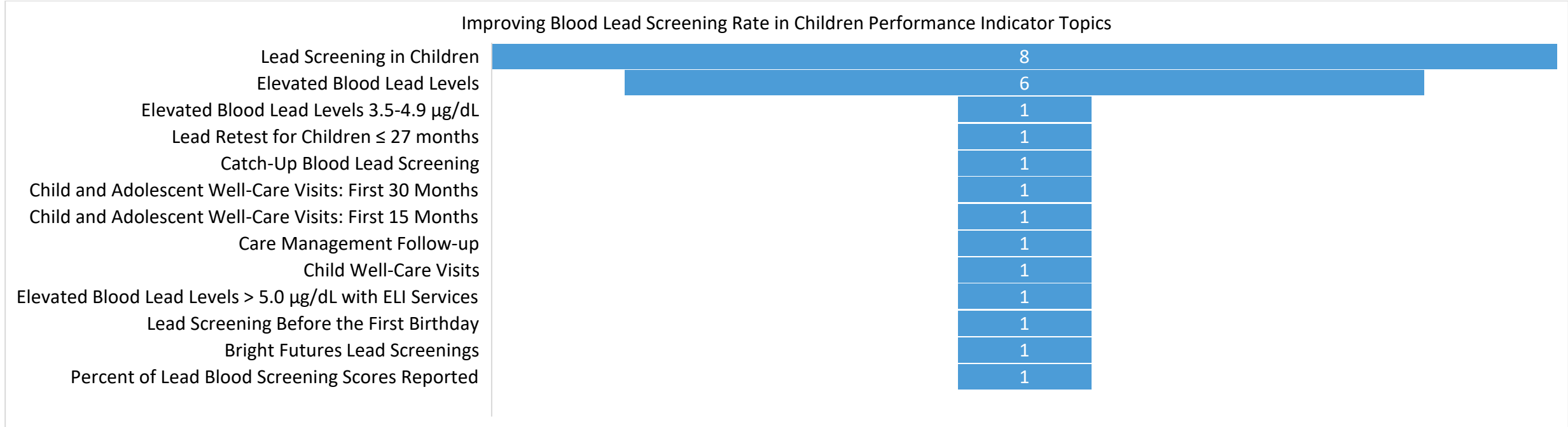
*Improving Blood Lead Screening Rate in Children Previous Recommendations, Plan Responses and Actions, and New Recommendations*

**Figure 8** shows a visual interpretation of rates for Lead Screening in Children from baseline to final report for each MCO. This performance indicator was the sole measure that was defined for the MCOs; all MCOs reported rates for this measure for this PIP. Seven of eight MCOs reported rates that increased from baseline.



**Figure 8: Lead Screening in Children Rates from Baseline to Final Report** Purple bars represent baseline rates, and green bars represent final rates.

**Figure 9** shows the distribution of performance indicators that were covered by MCOs for this topic. While all eight MCOs included Lead Screening in Children, which was required, MCOs focused on a variety of additional topics for their MCO-defined performance indicator. Topics are summarized based on MCO descriptions in the figure below.



**Figure 9: Improving Blood Lead Screening Rate in Children Performance Indicator Topics** ELI: environmental lead investigation.

**Table 71** displays the prior year PIP findings for Improving Blood Lead Screening Rate in Children, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 71: Improving Blood Lead Screening Rate in Children Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	The MCO’s final report should provide an in-depth look at the reliability of the EPSDT/Bright Futures Compliance Report in their project, as well as rationale for the interpretation of Indicator 2 performance.	Addressed	IPRO recommends that in future PIPs the MCO closely adhere to PIP requirements. Additionally, barrier analysis and/or intervention modifications should occur throughout the PIP to increase impact and sustainability of interventions. If staffing constraints prevent implementation of an intervention, consider alternative interventions that available resources can support.

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
CBC	It is recommended that the MCO discuss how often the new intervention’s work group will be reviewing intervention performance in the next PIP submission. CBC should also consider including an ITM that measures the total number of members who received blood lead screening after the lead campaign email was sent to members.	Addressed	IPro recommends that after regularly conducting barrier analyses, interventions should be revised and strengthened so they are closely aligned with the identified barrier, are active (e.g., involve some kind of outreach, follow-up, or engagement), are wide-reaching to membership, and are sustainable beyond the duration of the PIP.
GEI	The MCO’s final report should include comprehensive timelines for all indicators, revised barriers and/or interventions to cohesion of the aim of the project, and complete data for all ITMs for associated interventions.	Partially addressed	IPro recommends in future PIPs, the MCO should align barriers with the interventions, and barrier analysis and/or intervention modifications should occur throughout the PIP to increase impact and sustainability of interventions.
HPP	Final PIP submissions should include a further development of subcategories for ITM 1, focusing on outreach efforts for this intervention.	Partially addressed	IPro recommends completing more robust barrier analyses during future PIPs to better understand why planned interventions are having a more limited impact than desired. There is also room for the MCO to revise or add interventions to increase the impact and ultimately further improve measure performance.
HHK	No recommendations.	N/A	IPro recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.
IBC	There is an opportunity for IBC to address noted limitations with Intervention 3. Members residing in high-risk ZIP codes with significant barriers to screening would not be identified in the MCO’s analysis.	Partially addressed	IPro recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.
UHC	In the final report, it was recommended that UHC provide a more in-depth discussion in the Discussion section of the PIP regarding the rationale for why a lower rate is the desired performance outcome goal for Indicator 2.	Partially addressed	IPro recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.
UPMC	It is recommended that UPMC consider including additional information in the Discussion section on the plan’s overall evaluation of the degree to which the goals and objectives were met in relation to Indicator 2’s interventions/ITMs and final goal rate.	Addressed	IPro recommends that in future PIPs, the MCO incorporate interventions that include an MCO-focus in addition to member and provider.

PIP: performance improvement project; MCO: managed care organization; ITM: intervention tracking measure; EPSDT: Early and Periodic Screening, Diagnosis, and Treatment; N/A: not applicable.

PIP Aggregate Summary

Figure 10 provides an aggregated summary of the PIP validation across all MCOs.

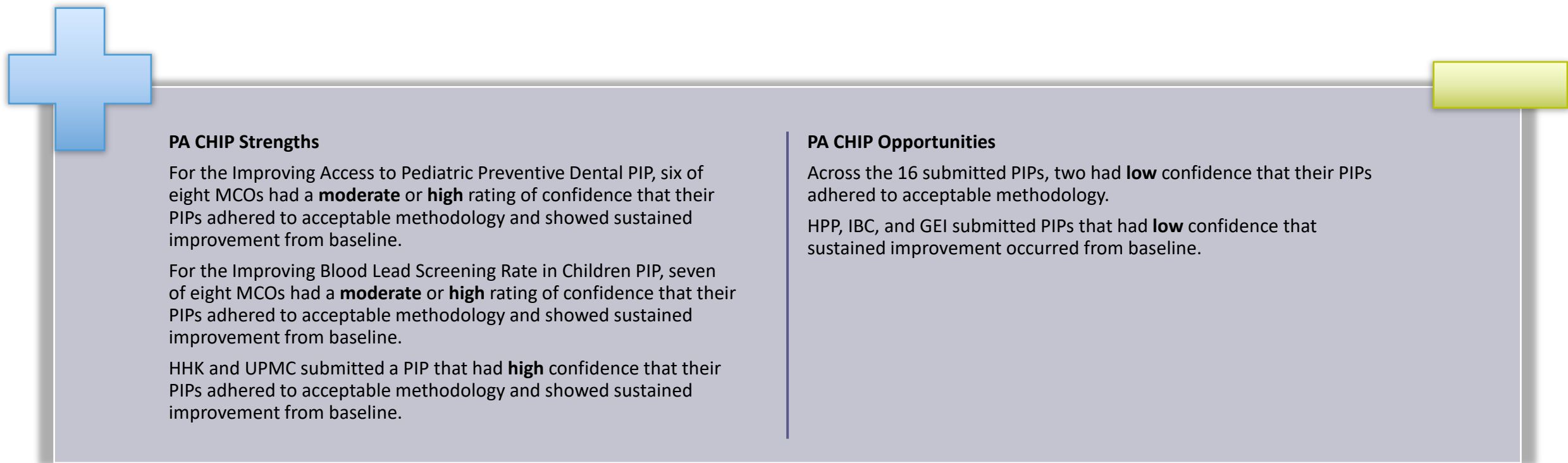


Figure 10: PIP Validation Aggregate Findings PIP: performance improvement project; MCO: managed care organization.



## IV. Validation of Performance Measures

### Objectives

PA selects quality metrics and performance targets by assessing gaps in care within the state's CHIP population. DHS monitors and uses data that evaluate the MCOs' strengths and opportunities for improvement in serving the CHIP population by specifying performance measures. The selected performance measures and performance targets are reasonable, based on industry standards, and consistent with the CMS's *External Quality Review (EQR) Protocols*. DHS conducts annual monitoring of the performance measures to observe trends and to identify potential risks to meeting performance targets. Annually, the EQRO validates the MCOs' reported performance rates.

The *Pennsylvania CHIP Managed Care Performance Measure Validation Report*, published April 2025, provides a complete set of performance measure data, including measure rates, comparisons to prior year rates, comparisons to the CHIP-MCO weighted averages, and benchmark rankings, as applicable. The objective of this section is to provide an aggregate summary of measure performance and align performance measure findings with the PA MCQS.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 2. Validation of Performance Measures* was used as the framework to validate performance measures specified by PA for inclusion in the MCOs' QAPI programs. **Figure 11** details the mandatory EQR Protocol 2 activities, as outlined in *Protocol 2*.

#### Activity 1: Conduct Preliminary Activities

- Step 1: Define the scope of the validation.
- Step 2: Assess the integrity of the MCOs' information systems.
- Step 3: Conduct a detailed review of the measures.
- Step 4: Initiate review of medical record data collection.
- Step 5: Prepare for assessment activities.

#### Activity 2: Conduct Assessment Activities

- Step 1: Review information systems underlying performance measurement.
- Step 2: Assess data integration and control for performance measure calculation.
- Step 3: Review performance measure production.
- Step 4: Complete the detailed review of the measures.
- Step 5: Assess the sampling process (if applicable).
- Step 6: Communicate preliminary findings and outstanding items.

#### Activity 3: Conduct Documentation and Reporting Activities

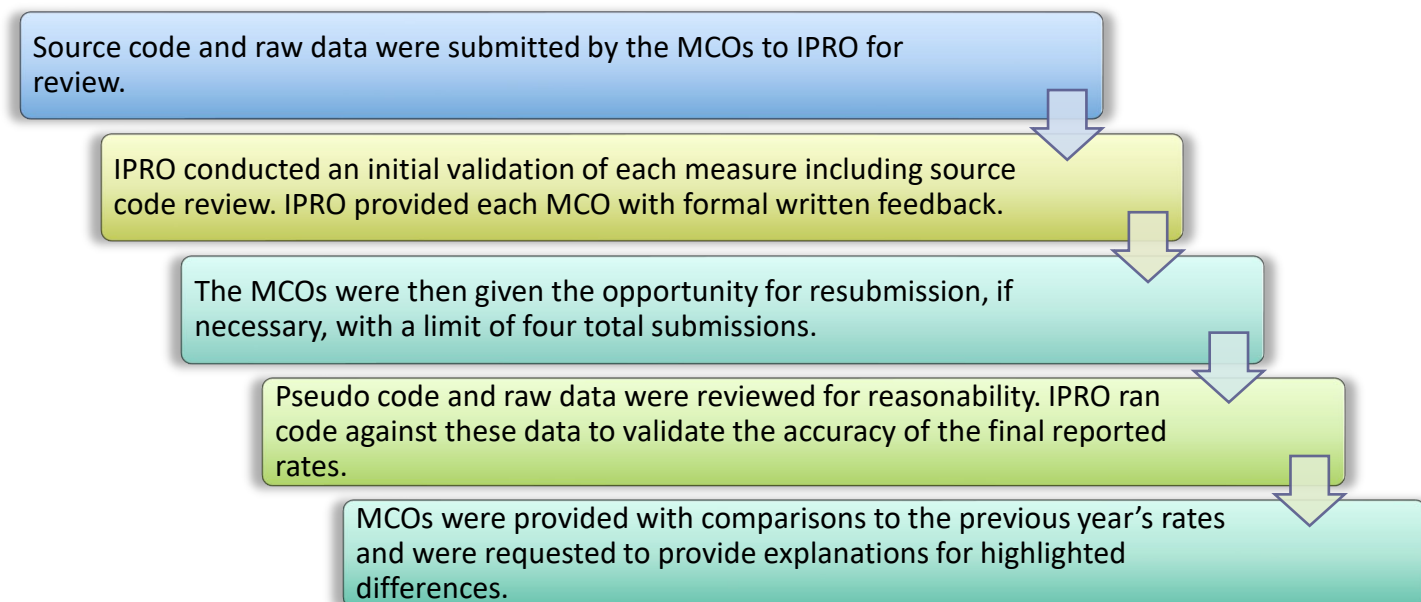
- Step 1: Determine preliminary validation findings for each measure.
- Step 2: Assess and document the accuracy of performance measure reports.
- Step 3: Submit validation report.

**Figure 11: EQR Protocol 2 Activities** MCO: managed care organization; EQR: external quality review.

The MCOs are required to follow **NCQA HEDIS**, **CMS Child Core Set**, and **Pennsylvania Performance Measure (PAPM)** technical specifications for reporting, as determined by DHS CHIP. MY 2023 was the measurement period for performance measure validation.

**HEDIS MY 2023 Health Plan measures** were validated through a standard HEDIS compliance audit of each CHIP-MCO. The audit protocol includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). A final audit review (FAR) was submitted to NCQA for each MCO.

**CMS MY 2023 Core Set** and **MY 2023 PAPMs** were validated through a series of steps detailed in **Figure 12**.



**Figure 12: CMS Core Set and PAPM Validation Process** MCO: managed care organization; CMS: Centers for Medicare & Medicaid.

## Description of Data Obtained

### *Pennsylvania Performance Measures*

MCOs collect PAPMs, “which are a set of state quality measures that were developed focusing on specific areas of importance to the Commonwealth that are not captured through other available data sets. PAPMs use statistically valid methodologies and allow program offices to track program performance over time. MCOs are required to report specific data for measures according to the requirements of the managed care program(s) in which they participate, and the most current year’s measures selected. Data sources include, but are not limited to, encounter data, participant interviews, patient experience surveys, on-site documents, electronic file reviews, quarterly, and annual reports.”<sup>7</sup>

### *CMS Core Set Measures*

The CMS measures are known as Core Set measures. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, and other specifications as needed.

<sup>7</sup> PA DHS. (2023). *Medical Assistance and Children’s Health Insurance Program Managed Care Quality Strategy*. 40. [2023 Medical Assistance Quality Assistance Strategy for Pennsylvania \(pa.gov\)](https://www.pa.gov/government/working-with-us/2023-medical-assistance-quality-assistance-strategy-for-pennsylvania).

## HEDIS Health Plan Measures

The NCQA is the steward of over 90 quality measures across six domains of care, including:<sup>8</sup>

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk-Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems (ECDS)

According to NCQA, “HEDIS is the nation’s most widely used set of health care performance measures.”<sup>9</sup> HEDIS is a performance improvement tool, and HEDIS data are used to set benchmarks and performance standards.

Each CHIP-MCO underwent a full HEDIS Compliance Audit in 2024. The CHIP-MCOs were required by DHS, as part of their QAPI programs, to report the measures as defined in the *CHIP Procedures Manual, Part 2, Chapter 18 (Internal and External Audits)*. CHIP-MCO calculated the measures following the Medicaid product line *HEDIS Measurement Year 2023: Volume 2: Technical Specifications for Health Plans*, unless otherwise instructed.

**Table 72** shows the required MY 2023 performance measures, the measure type, and measure steward. A complete list of measures and their descriptions are included in the *Pennsylvania CHIP Managed Care Performance Measure Validation Report* published April 2025.

**Table 72: MY 2023 Required Performance Measures**

Measure Type	Measure Steward	Measure Code	Measure Name
<b>Access to/Availability of Care</b>			
PAPM	PA CHIP	CADV	Child Annual Dental Visits
HEDIS	NCQA	IET	Initiation and Engagement of Substance Use Disorder Treatment
HEDIS	NCQA	PPC	Prenatal and Postpartum Care
HEDIS	NCQA	APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
<b>Behavioral Health Care</b>			
HEDIS	NCQA	DMH	Diagnosed Mental Health Disorders
HEDIS	NCQA	DSU	Diagnosed Substance Use Disorders
HEDIS	NCQA	FUM	Follow-Up After Emergency Department Visit for Mental Illness
HEDIS	NCQA	FUA	Follow-Up After Emergency Department Visit for Substance Use
HEDIS	NCQA	FUH	Follow-Up After Hospitalization for Mental Illness
HEDIS	NCQA	ADD	Follow-Up Care for Children Prescribed ADHD Medication

<sup>8</sup> NCQA. *HEDIS and performance measurement*. [NCQA | HEDIS \(ncqa.org\)](https://www.ncqa.org/hedis).

<sup>9</sup> NCQA. *HEDIS data submission*. [NCQA | HEDIS Data Submission \(ncqa.org\)](https://www.ncqa.org/hedis-data-submission).

Measure Type	Measure Steward	Measure Code	Measure Name
HEDIS	NCQA	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics
CMS Core Set	CMS	CDF	Screening for Depression and Follow-Up Plan
<b>Dental and Oral Health Services</b>			
CMS Core Set	DQA (ADA)	OEV	Oral Evaluation, Dental Services
HEDIS	DQA (ADA)	OED	Oral Evaluation, Dental Services
CMS Core Set	DQA (ADA)	SFM	Sealant Receipt on Permanent First Year Molars
CMS Core Set	DQA (ADA)	TFL	Topical Fluoride for Children
HEDIS	DQA (ADA)	TFC	Topical Fluoride for Children
<b>Electronic Clinical Data Systems</b>			
HEDIS	NCQA	CIS-E	Childhood Immunization Status
HEDIS	NCQA	DRR-E	Depression Remission or Response for Adolescents and Adults
HEDIS	NCQA	DSF-E	Depression Screening and Follow-Up for Adolescents and Adults
HEDIS	NCQA	ADD-E	Follow-Up Care for Children Prescribed ADHD Medication
HEDIS	NCQA	IMA-E	Immunizations for Adolescents
HEDIS	NCQA	APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics
HEDIS	NCQA	SNS-E	Social Need Screening and Intervention
HEDIS	NCQA	DMS-E	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
<b>Maternal and Perinatal Health</b>			
CMS Core Set	OPA	CCW	Contraceptive Care – All Women
CMS Core Set	OPA	CCP	Contraceptive Care – Postpartum Women
<b>Overuse/Appropriateness</b>			
HEDIS	NCQA	URI	Appropriate Treatment for Upper Respiratory Infection
HEDIS	NCQA	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
<b>Prevention and Screening</b>			
HEDIS	NCQA	CIS	Childhood Immunization Status
HEDIS	NCQA	CHL	Chlamydia Screening in Women
CMS Core Set	OHSU	DEV	Developmental Screening in the First Three Years of Life
HEDIS	NCQA	IMA	Immunizations for Adolescents
HEDIS	NCQA	LSC	Lead Screening in Children
HEDIS	NCQA	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
<b>Respiratory Conditions</b>			

Measure Type	Measure Steward	Measure Code	Measure Name
HEDIS	NCQA	CWP	Appropriate Testing for Pharyngitis
HEDIS	NCQA	AMR	Asthma Medication Ratio
<b>Utilization</b>			
HEDIS	NCQA	AMB	Ambulatory Care
PAPM	PA CHIP	ASM-ED	Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits
HEDIS	NCQA	WCV	Child and Adolescent Well-Care Visits
HEDIS	NCQA	IPU	Inpatient Utilization
HEDIS	NCQA	W30	Well-Child Visits in the First 30 Months of Life

PAPM: Pennsylvania performance measure; NCQA: National Committee for Quality Assurance; DQA (ADA): Dental Quality Alliance (American Dental Association); CMS: Centers for Medicare and Medicaid Services; OPA: U.S. Office of Population Affairs; OHSU: Oregon Health & Science University; ADHD: attention-deficit/hyperactivity disorder; PHQ: Patient Health Questionnaire.

## Conclusions and Comparative Findings

The MCOs successfully implemented all the PAPM and Core Set measures for MY 2023 that were required with MCO-submitted data. The MCOs submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCOs. All rates submitted by the MCOs were reportable. Additionally, the MCOs successfully completed the HEDIS audit. The MCOs received an Audit Designation of Report for all applicable measures.

MCO measure data are included in the *Pennsylvania CHIP Managed Care Performance Measure Validation Report* issued April 2025. The purpose of this report is to highlight substantive findings, including comparative information that outlines the MCOs' strengths and weaknesses and the extent to which each MCO is furnishing high quality, timely, and appropriate access to health care services.

## Managed Care Quality Strategy Metrics

The PA Medical Assistance and CHIP MCQS outlines specific goals and objectives for the CHIP program aimed at enhancing, evaluating, and monitoring member access to high-quality, timely care. This section highlights validated performance measures that act as metrics for MCQS goals. Data are presented to enable three-year trending and comparisons to the MY 2023 weighted averages and MCQS targets.

**Table 73** presents the objectives, aims, measures, baseline rates, and target rates as outlined in the MCQS. Additionally, MY 2023 CHIP weighted averages are displayed to illustrate progress toward achieving the target rates.

Table 73: CHIP Managed Care Quality Objectives and Metrics

Objective	Aim	Measure	Baseline	Target	MY 2023 CHIP WA
Increase annual child dental visits	Return to pre-pandemic (MY 2019) levels by MY 2023	PAPM CADV	72.23% (MY 2019)	72.23% by MY 2023	66.27%
Increase lead screening	Increase by 3% from MY 2020 to MY 2024	HEDIS LSC	74.69% (MY 2020)	76.93% by MY 2024	70.08%
Decrease ED utilization	Return to pre-pandemic (MY 2019) levels by MY 2024	HEDIS AMB – ED visits	319.08 (MY 2019) <sup>1</sup>	309.48 by MY 2024 <sup>2</sup>	244.23
Decrease inpatient admissions	Return to pre-pandemic (MY 2019) levels by MY 2024	HEDIS IPU – inpatient discharges	8.28 (MY 2019) <sup>3</sup>	8.28by MY 2024 <sup>3</sup>	7.73
Reduce racial disparities in well-child visits in the first 15 and 30 months of life for African American members	TBD	HEDIS W30	TBD	TBD	15 months: 54.24%† 30 months: 67.06%†
Reduce racial disparities in child and adolescent well-care visits for African American members	TBD	HEDIS WCV	TBD	TBD	61.13%
Increase contraceptive use in postpartum members	Increase by 2% from MY 2020 to MY 2024	CMS Core Set CCP	Rate 1: 15.87% (MY 2020) Rate 2: 53.97% (MY 2020) Rate 3: 9.52% (MY 2020) Rate 4: 15.87% (MY 2020)	Rate 1: 16.19% by MY 2024 Rate 2: 55.05% by MY 2024 Rate 3: 9.71% by MY 2024 Rate 4: 16.19% by MY 2024	Rate 1: 12.50%† Rate 2: 54.17%† Rate 3: 4.17%† Rate 4: 16.67%†
Improve utilization of key asthma medication preventive services	Increase by 3% from MY 2020 to MY 2024	HEDIS AMR	76.09% (MY 2020)	78.37% by MY 2024	76.37%

<sup>1</sup> The rate represents ED visits per 1,000 member years for total age groups. The rate displayed is the member years equivalent to 70.05 ED visits per 1,000 member months.

<sup>2</sup> The rate represents ED visits per 1,000 member years for total age groups. The rate displayed is the member years equivalent to 25.79 ED visits per 1,000 member months.

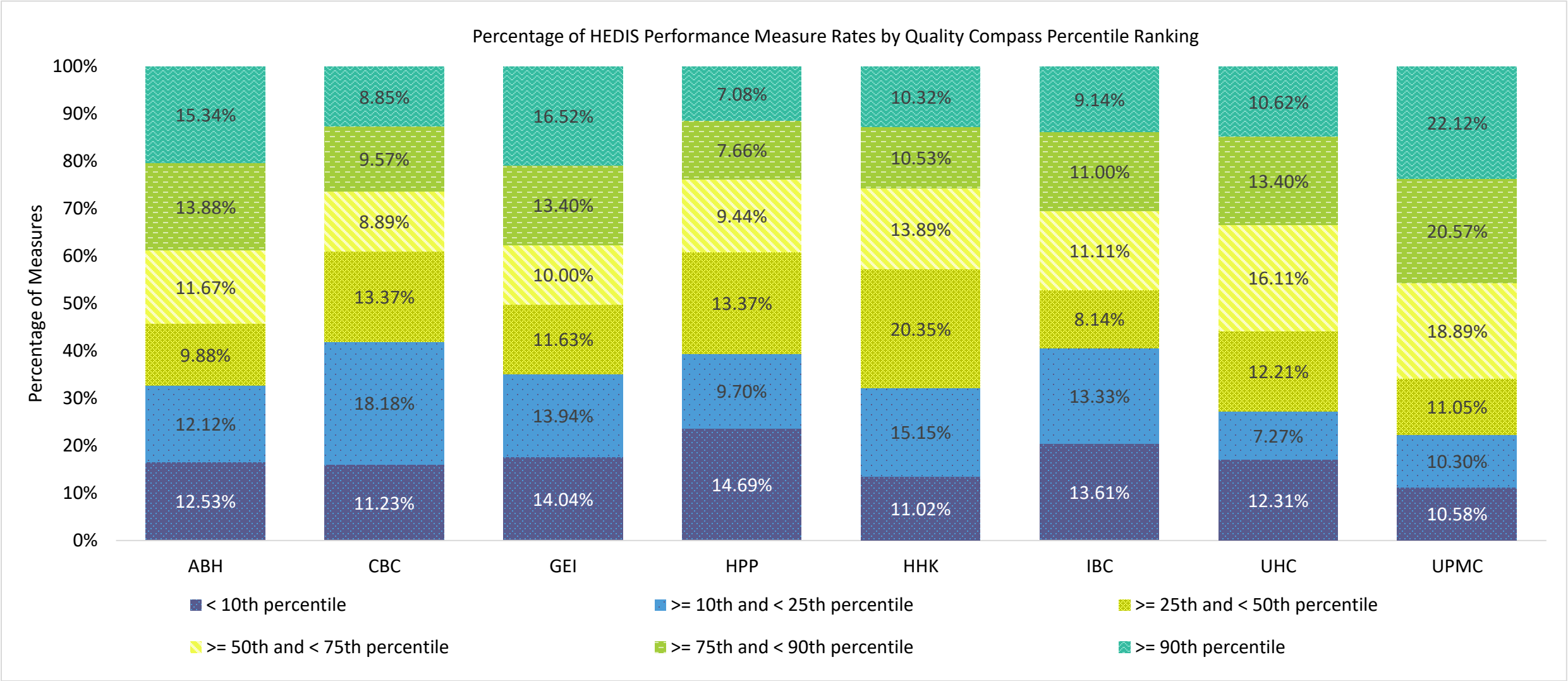
<sup>3</sup> The rate represents total inpatient discharges per 1,000 member years for total age groups. The rate displayed is the member years equivalent to 26.59 discharges per 1,000 member months.

†: Weighted average for this measure is not available due to denominators < 30 for all MCOs. The displayed rate is calculated as a total CHIP rate by summing numerators and denominators across all MCOs.

MY: measurement year; WA: weighted average; PAPM: Pennsylvania-specific performance measure; CADV: Child Annual Dental Visit; LSC: Leading Screening in Children; ED: emergency department; HEDIS: Healthcare Effectiveness Data and Information Set; AMB: Ambulatory Care; IPU: Inpatient Utilization; W30: Well-Child Visits in the First 30 Months of Life; WCV: Child and Adolescent Well-Care Visit; CMS: Centers for Medicare and Medicaid Services; CCP: Contraceptive Care for Postpartum Women; AMR: Asthma Medication Ratio; TBD: to be determined.

**National Percentile Rankings**

MCO performance is compared to MY 2023 *Quality Compass*® national percentiles. Percentile ranking results are derived by comparing performance measures rates to national benchmarks. **Figure 13** presents the percentage of MCO-specific rates by percentile ranking for the HEDIS performance measure rates that have a *Quality Compass* percentile.



**Figure 13: MCO Percentage of Performance Measures by Percentile Range, MY 2023** Teal represents  $\geq 90$ th percentile; green represents  $\geq 75$ th percentile but  $< 90$ th percentile; yellow represents  $\geq 50$ th percentile but  $< 75$ th percentile; dark yellow represents  $\geq 25$ th percentile but  $< 50$ th percentile; blue represents  $\geq 10$ th percentile but  $< 25$ th percentile; and purple represents  $< 10$ th percentile. HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; MY: measurement year.



**Table 74** displays the percentage of MCO-specific rates by percentile ranking for the HEDIS performance measure rates that have a *Quality Compass* percentile. UPMC, ABH, and GEI reported the greatest number of rates that were at or above the 75<sup>th</sup> percentile *Quality Compass* percentile for MY 2023.

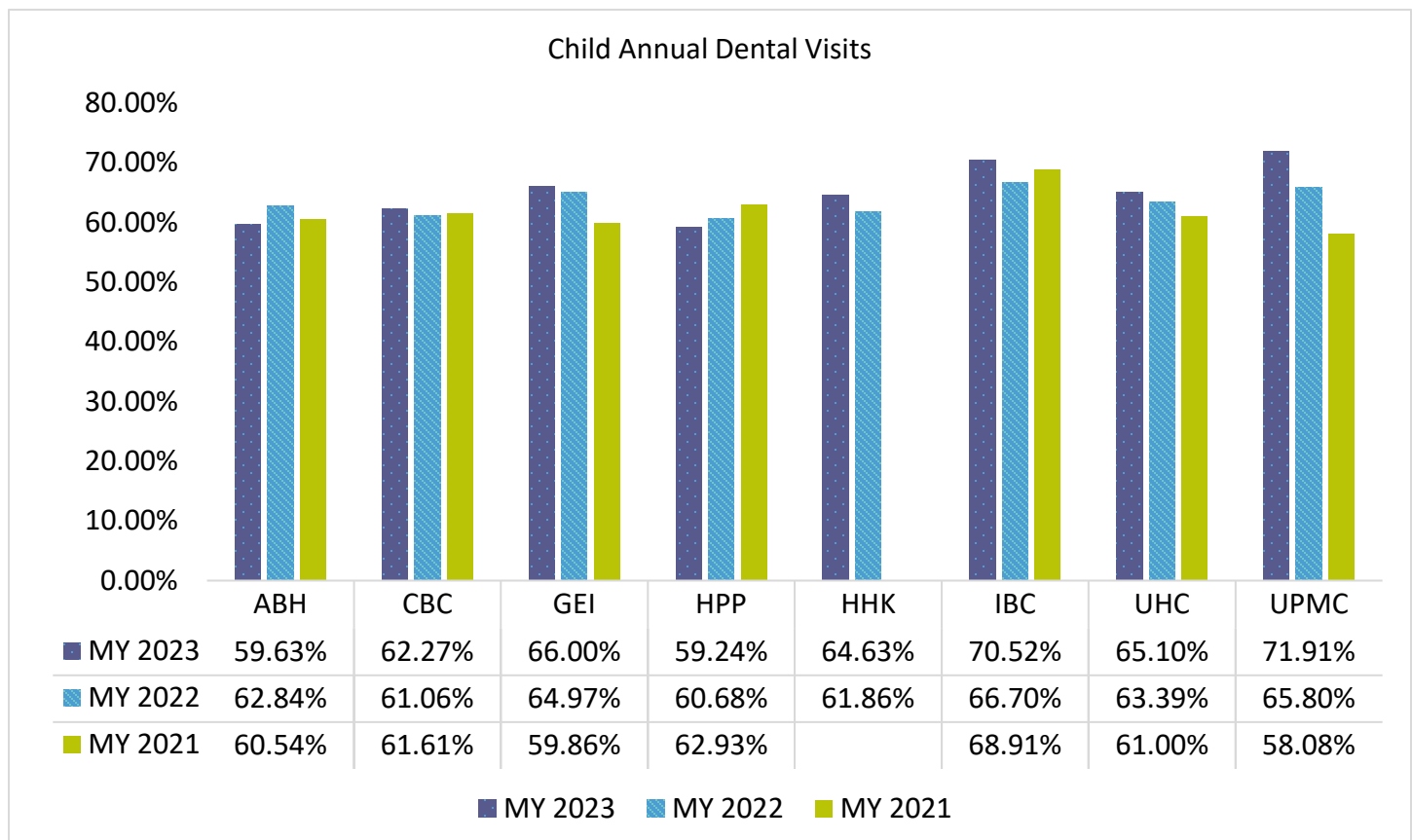
**Table 74: MCO Percentage of Performance Measures by Percentile Range, MY 2023**

Quality Compass Percentile	ABH	CBC	GEI	HPP	HHK	IBC	UHC	UPMC
< 10th percentile	12.53%	11.23%	14.04%	14.69%	11.02%	13.61%	12.31%	10.58%
≥ 10th and < 25th percentile	12.12%	18.18%	13.94%	9.70%	15.15%	13.33%	7.27%	10.30%
≥ 25th and < 50th percentile	9.88%	13.37%	11.63%	13.37%	20.35%	8.14%	12.21%	11.05%
≥ 50th and < 75th percentile	11.67%	8.89%	10.00%	9.44%	13.89%	11.11%	16.11%	18.89%
≥ 75th and < 90th percentile	13.88%	9.57%	13.40%	7.66%	10.53%	11.00%	13.40%	20.57%
≥ 90th percentile	15.34%	8.85%	16.52%	7.08%	10.32%	9.14%	10.62%	22.12%

MCO: managed care organization; MY: measurement year.

### Child Annual Dental Visits

**Figure 14** illustrates a three-year trend in Child Annual Dental Visits (CADV) among CHIP members. Five MCOs (CBC, GEI, IBC, UHC, and UPMC) showed improvement from MY 2021 to MY 2023. The MY 2023 CHIP weighted average reached 66.27%, which did not reach the targeted goal of 72.23% for MY 2023. Note that MY 2022 was the first year that HHK reported rates as a single entity, and thus no rates are available for HHK in MY 2021.

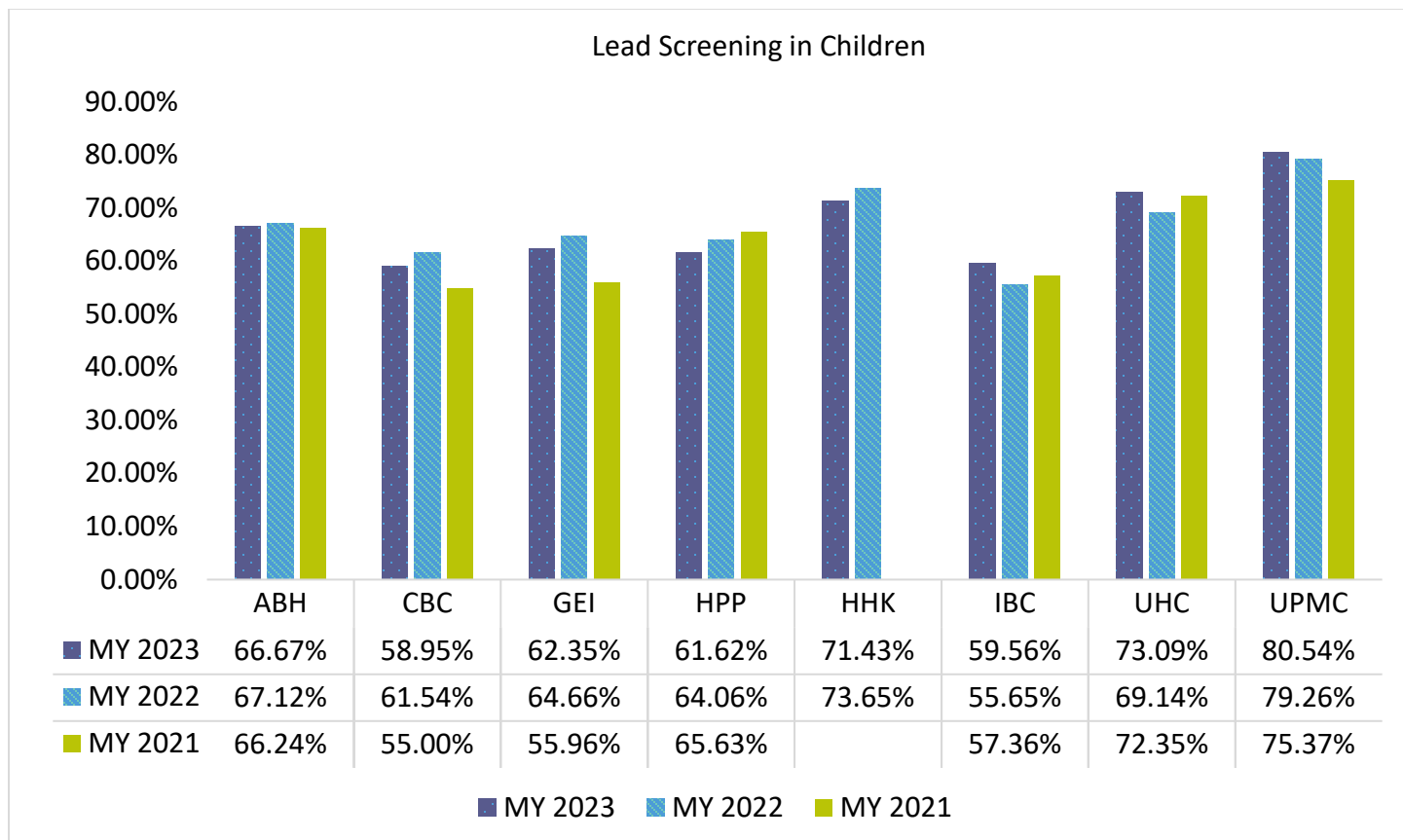


**Figure 14: Three-Year Trend of Child Annual Dental Visits, MY 2021–2023** Purple bars represent MY 2023 rates, blue bars represent MY 2022 rates, and green bars represent MY 2021 rates. MY: measurement year.



## Lead Screening in Children

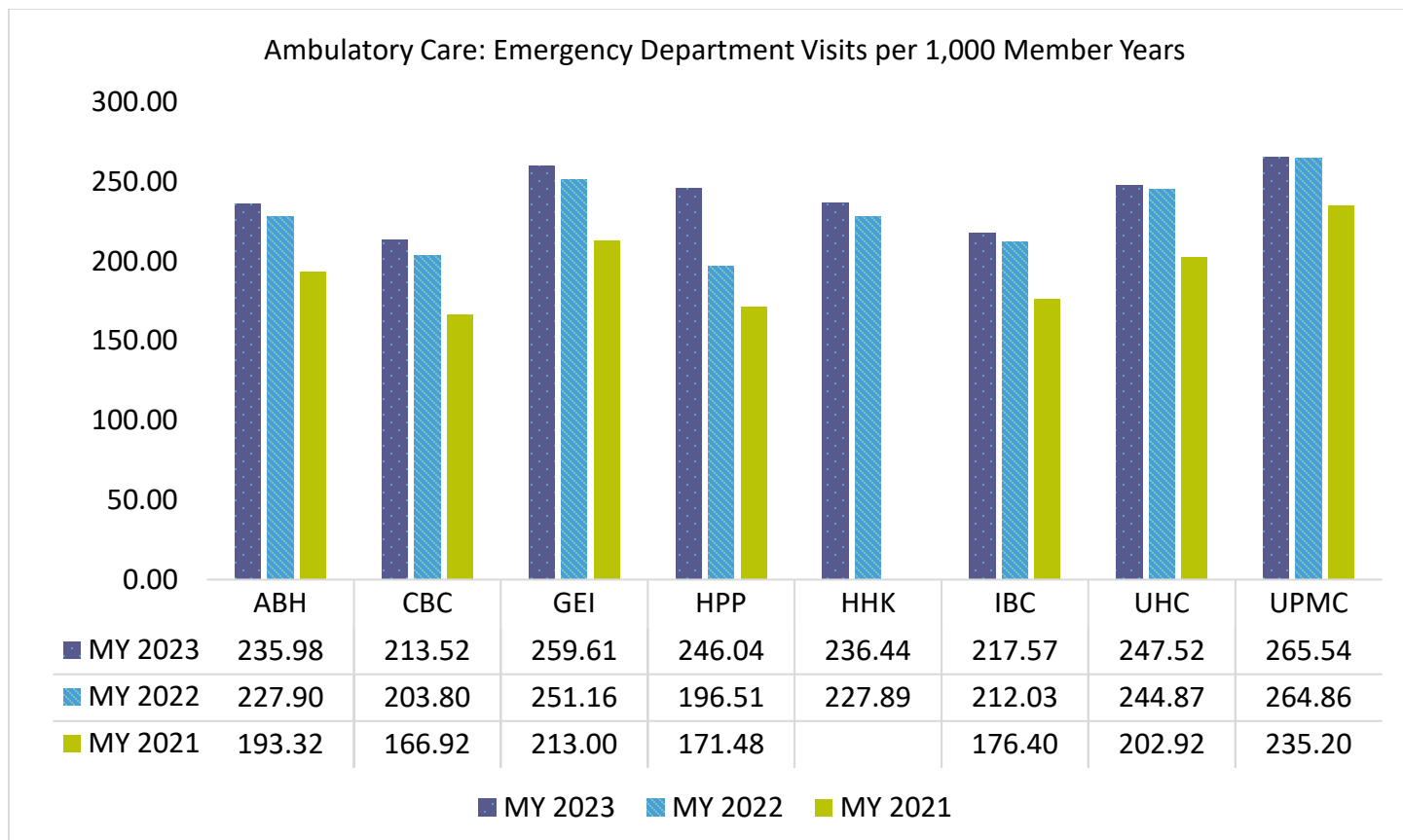
**Figure 15** illustrates a three-year trend in Lead Screening for Children (LSC) among CHIP members. Six MCOs (ABH, CBC, GEI, IBC, UHC, and UPMC) showed improvement from MY 2021 to MY 2023. The MY 2023 CHIP weighted average reached 70.08%, which is below the targeted goal of 76.93% for MY 2024. Note that MY 2022 was the first year that HHK reported rates as a single entity, and thus no rates are available for HHK in MY 2021.



**Figure 15: Three-Year Trend of Lead Screening for Children, MY 2021–2023** Purple bars represent MY 2023 rates, blue bars represent MY 2022 rates, and green bars represent MY 2021 rates. MY: measurement year.

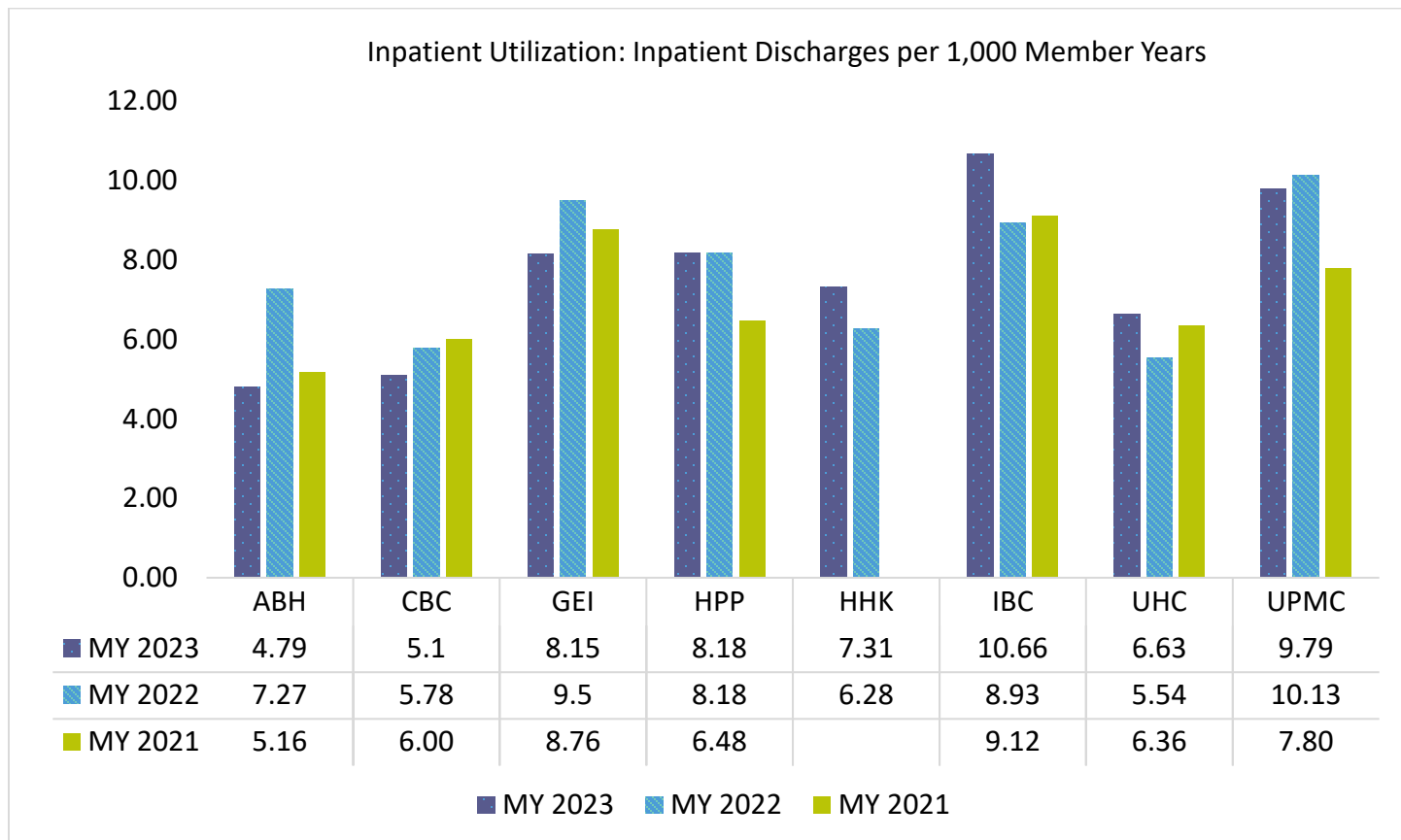
### Emergency Department Utilization and Inpatient Admissions and Readmissions

**Figure 16** illustrates a three-year trend in Ambulatory Care (AMB) emergency department visits among CHIP members. For all CHIP-MCOs, MY 2023 rates were above rates reported in MY 2021. Despite this, the CHIP MY 2023 weighted average of 244.23 visits per 1,000 member years fell below pre-pandemic levels of 319.08 visits per 1,000 member years in MY 2019. Note that MY 2022 was the first year that HHK reported rates as a single entity, and thus no rates are available for HHK in MY 2021.



**Figure 16: Three-Year Trend of Ambulatory Care Emergency Department Visits, MY 2021–2023** Purple bars represent MY 2023 rates, blue bars represent MY 2022 rates, and green bars represent MY 2021 rates. MY: measurement year.

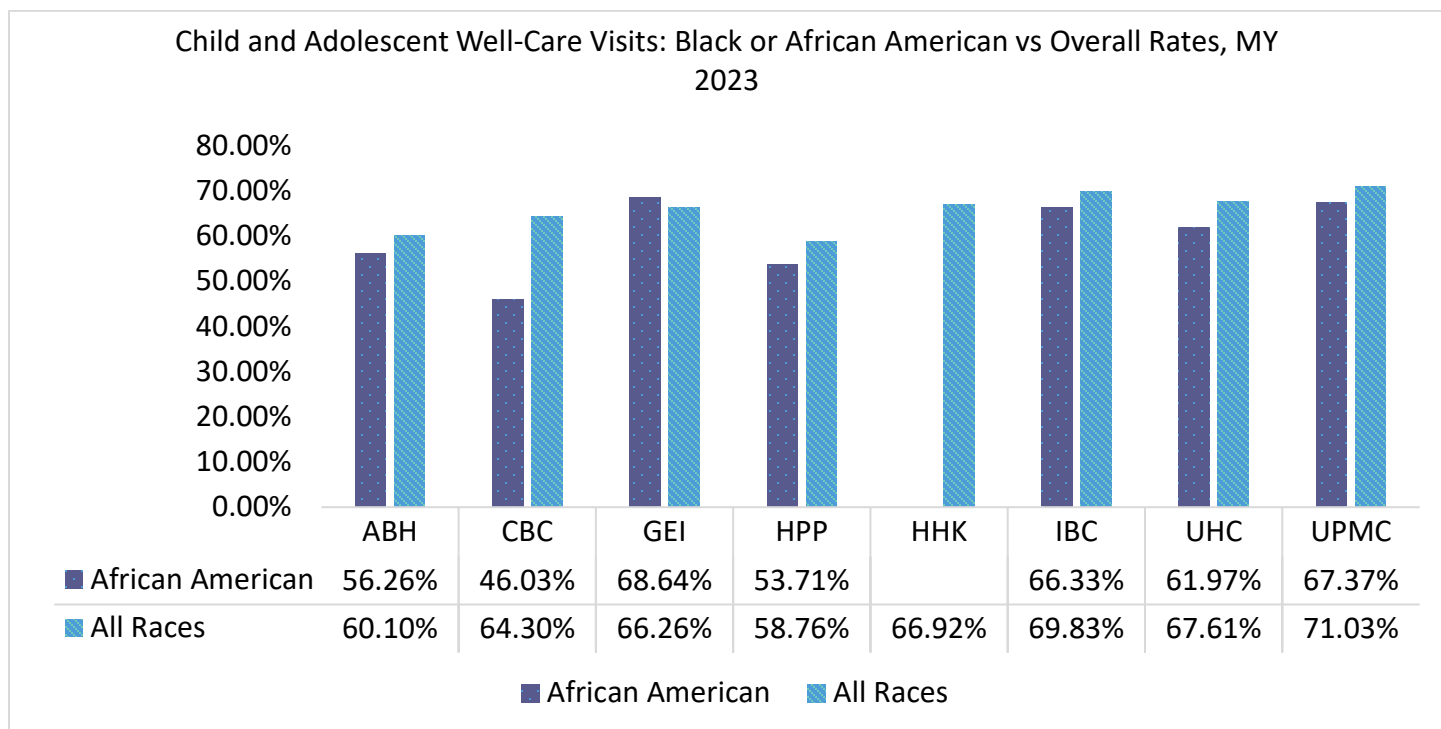
**Figure 17** illustrates a three-year trend in Inpatient Utilization (IPU) among CHIP members. Four MCOs (HPP, IBC, UHC, and UPMC) reported MY 2023 rates that were above those reported for MY 2021. Despite this, the CHIP MY 2023 weighted average of 7.73 visits per 1,000 member years fell below pre-pandemic levels of 8.28 visits per 1,000 member years in MY 2019. Note that MY 2022 was the first year that HHK reported rates as a single entity, and thus no rates are available for HHK in MY 2021.



**Figure 17: Three-Year Trend of Inpatient Utilization Total Inpatient Discharges, MY 2021–2023** Purple bars represent MY 2023 rates, blue bars represent MY 2022 rates, and green bars represent MY 2021 rates. MY: measurement year.

### Racial Disparities for African American Members in Select Quality Measures

**Figure 18** illustrates Child and Adolescent Well-Care Visits (WCV) for African American members compared to all races in MY 2023. Of the seven MCOs with reportable African American rates, six fell below the MCO's overall rate, highlighting the disparity in care for this population. Note that an African American rate is not available for HHK, whose denominator was not 30 members or above.



**Figure 18: WCV: Black or African American vs. Overall Rates, MY 2023**

Purple bars represent percentage of African American members, and blue bars represent percentage of all races. WCV: Child and Adolescent Well-Care Visits; MY: measurement year.

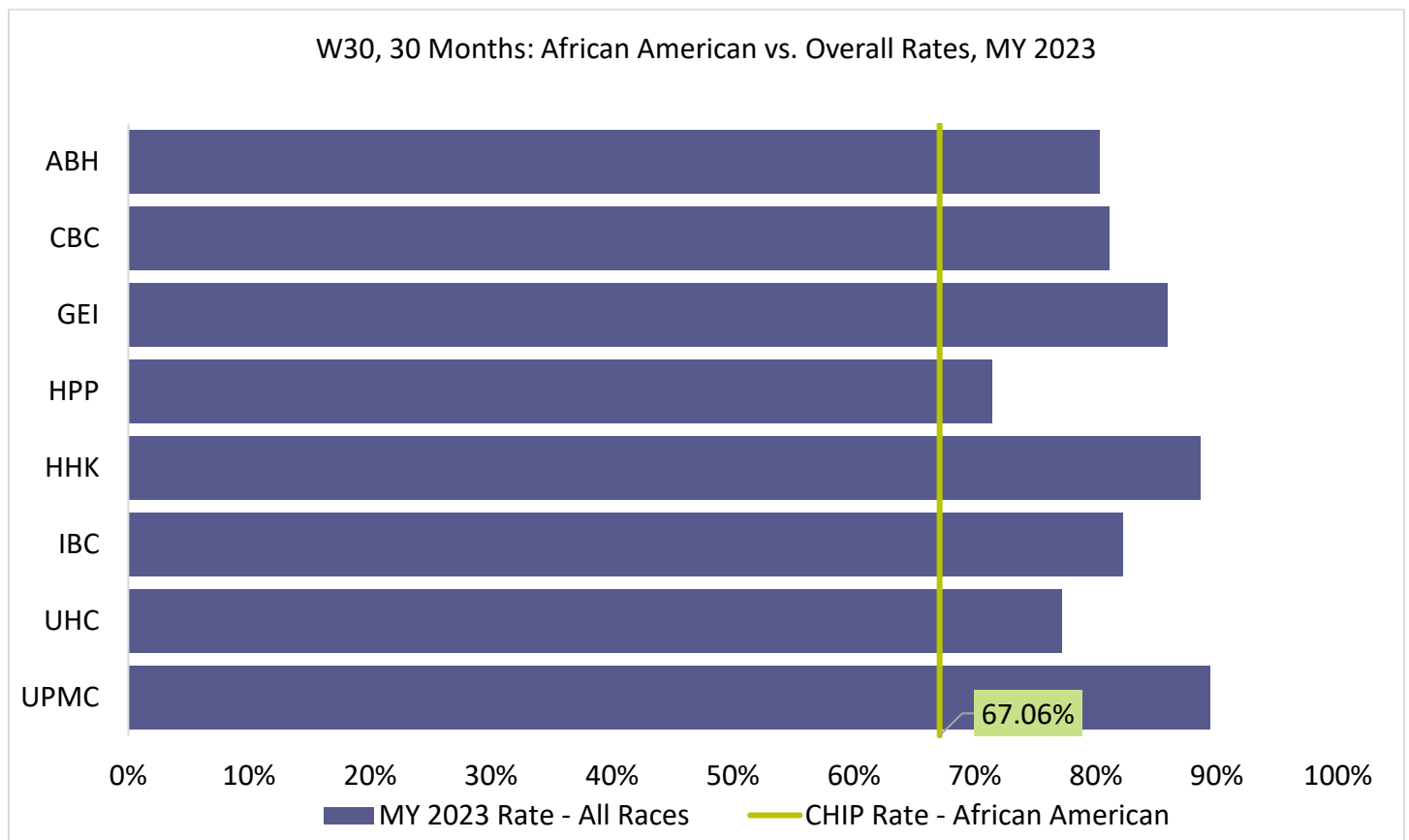
**Table 75** displays MY 2023 rates for Well-Child Visits in the First 30 Months of Life (W30) at both 15 and 30 months. Rates are included for both all races and African Americans alone. Due to low denominators, the African American rates displayed are the overall PA CHIP rate.

**Table 75: Well-Child Visits in the First 30 Months of Life: African American vs. Overall Rates, MY 2023**

Rate Description	ABH	CBC	GEI	HPP	HHK	IBC	UHC	UPMC
15 Months – All races	47.40%	50.67%	59.70%	40.85%	68.63%	54.44%	68.60%	78.26%
15 Months – African American	54.24%	54.24%	54.24%	54.24%	54.24%	54.24%	54.24%	54.24%
30 Months – All races	80.28%	81.11%	85.88%	71.43%	88.68%	82.20%	77.17%	89.47%
30 Months – African American	67.06%	67.06%	67.06%	67.06%	67.06%	67.06%	67.06%	67.06%

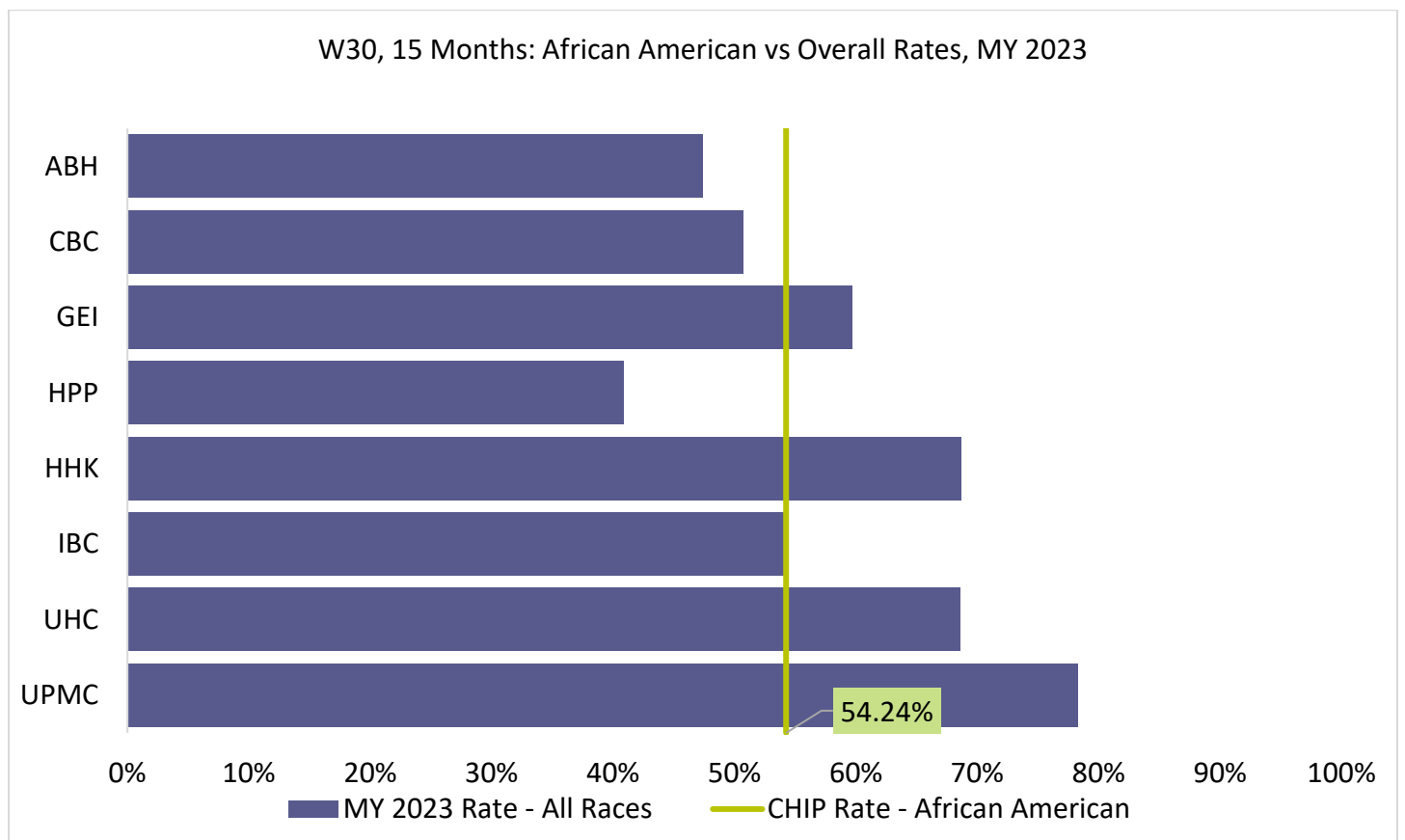
MY: measurement year.

**Figure 19** illustrates rates for MY 2023 W30 at 30 months, with comparison to the MY 2023 CHIP rate for African American members. For all eight MCOs, the MY 2023 rate including all races was above the total CHIP rate for African Americans of 67.06%.



**Figure 19: W30, 30 Months – African American vs. Overall Rates, MY 2023** Purple bars represent rates for all races, and the green line represents the CHIP rate for African American members. W30: Well-Child Visits in the First 30 Months of Life; MY: measurement year; CHIP: Children’s Health Insurance Program.

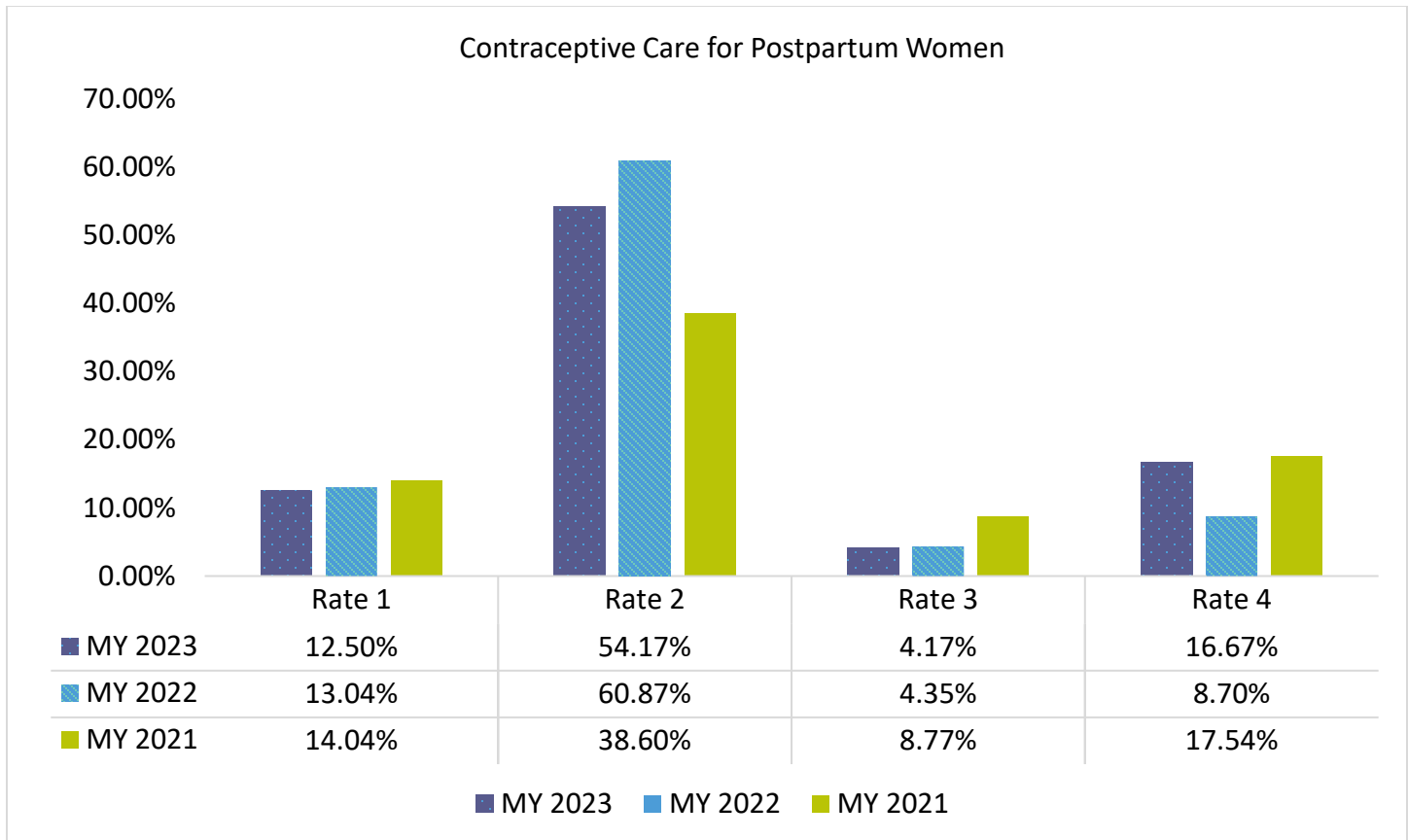
**Figure 20** illustrates rates for MY 2023 W30 at 15 months, with comparison to the MY 2023 CHIP rate for African American members. Four of eight MCOs reported MY 2023 all races rates that were above the total CHIP rate for African Americans of 54.24%.



**Figure 20: W30, 15 Months – African American vs. Overall Rates, MY 2023** Purple bars represent rates for all races, and the green line represents the CHIP rate for African American members. W30: Well-Child Visits in the First 30 Months of Life; MY: measurement year; CHIP: Children’s Health Insurance Program.

### Contraceptive Care for Postpartum Women

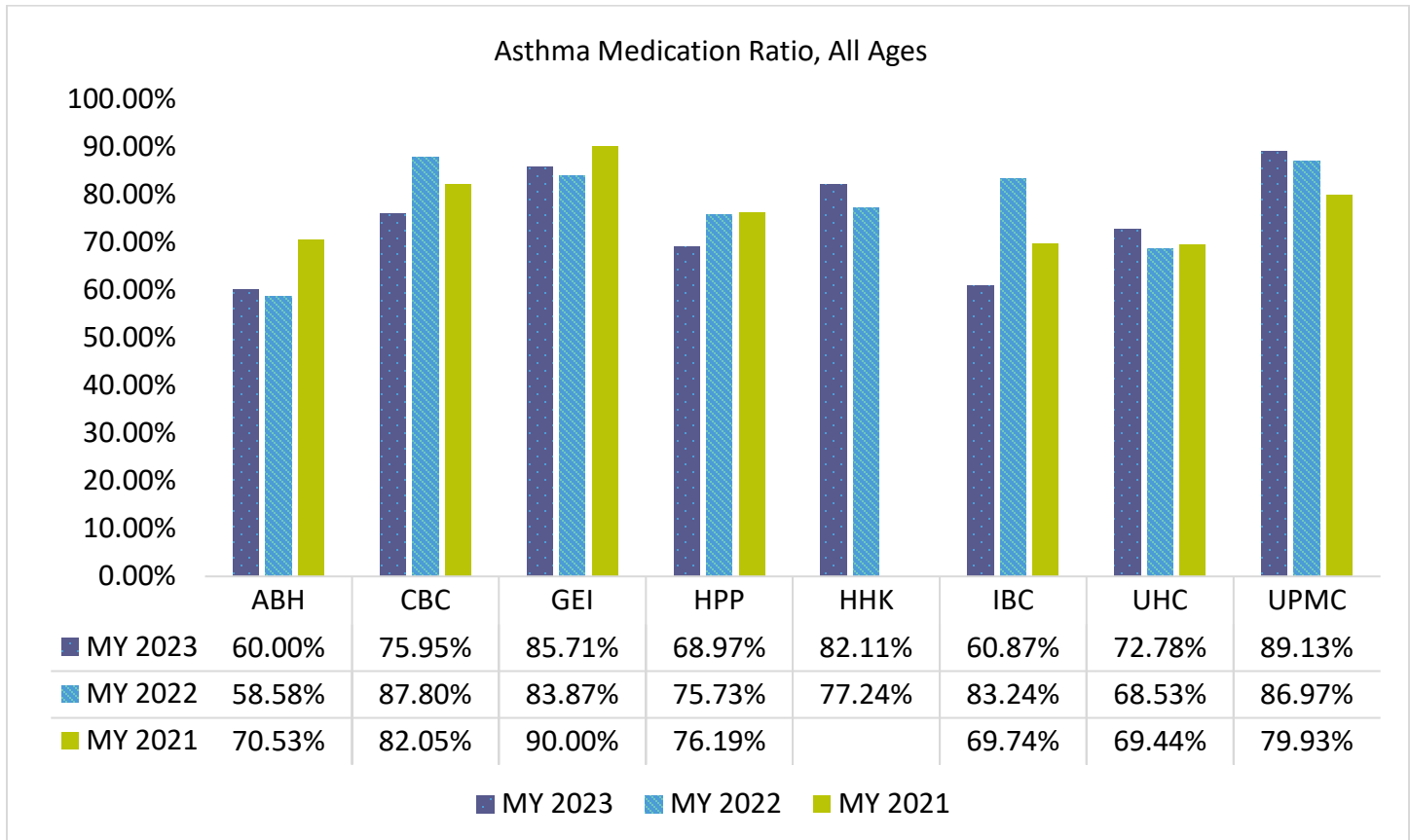
**Figure 21** illustrates a three-year trend in Contraceptive Care for Postpartum Women (CCP) among CHIP members. Total CHIP rates are reported for each of the four rates, which sum denominators and numerators across all MCOs to report a single rate. Rate 2, which looks at the percentage of postpartum women ages 15–20 years, received a most or moderately effective form of contraception within 90 days of delivery increased from 38.60% in MY 2021 to 54.17% in MY 2023. All other rates decreased from MY 2021 to MY 2023.



**Figure 21: Contraceptive Care for Postpartum Women CHIP Rates, MY 2021–2023** Purple bars represent MY 2023, blue bars represent MY 2022, and green bars represent MY 2021. Rate 1: Percentage of women ages 15–20 years who were provided a most effective or moderately effective method of contraception within 3 days of delivery. Rate 2: Percentage of women ages 15–20 years who were provided a most effective or moderately effective method of contraception within 90 days of delivery. Rate 3: Percentage of women ages 15–20 years who provided long-acting reversible contraception (LARC) within 3 days of delivery. Rate 4: Percentage of women ages 15–20 years who provided LARC within 90 days of delivery. MY: measurement year; CHIP: Children’s Health Insurance Program.

### Utilization of Asthma Medication Preventive Services

**Figure 22** illustrates a three-year trend in Asthma Medication Ratio (AMR) among CHIP members. Five MCOs (ABH, CBC, GEI, HPP, and IBC) reported lower rates from MY 2021 to MY 2023, which also aligns with a year-over-year decrease in weighted average rates from MY 2021 to MY 2023. The MY 2023 CHIP weighted average reached 76.37%, which is below the targeted goal of 78.37% for MY 2024. Note that MY 2022 was the first year that HHK reported rates as a single entity, and thus no rates are available for HHK in MY 2021.

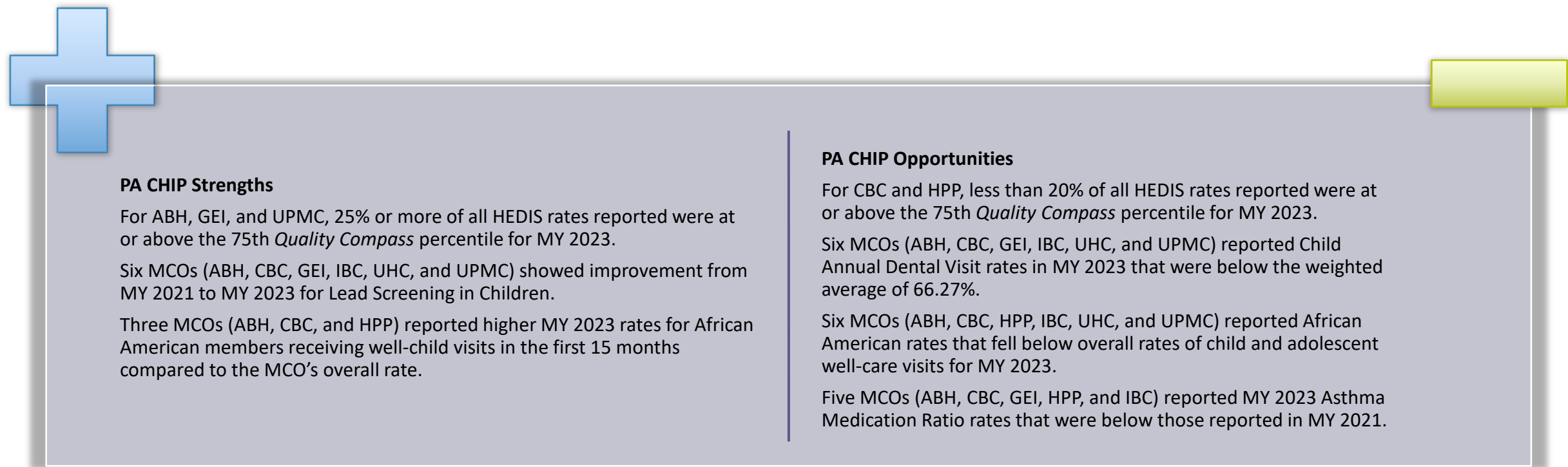


**Figure 22: Asthma Medication Ratio, All Ages, MY 2021–2023** Purple bars represent MY 2023, blue bars represent MY 2022, and green bars represent MY 2021. MY: measurement year.



Performance Measures Aggregate Summary

Figure 23 provides an aggregated summary of validation performance across all MCOs.



**Figure 23: Performance Measure Aggregate Findings** PA: Pennsylvania; CHIP: Children’s Health Insurance Program; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MCO: managed care organization.

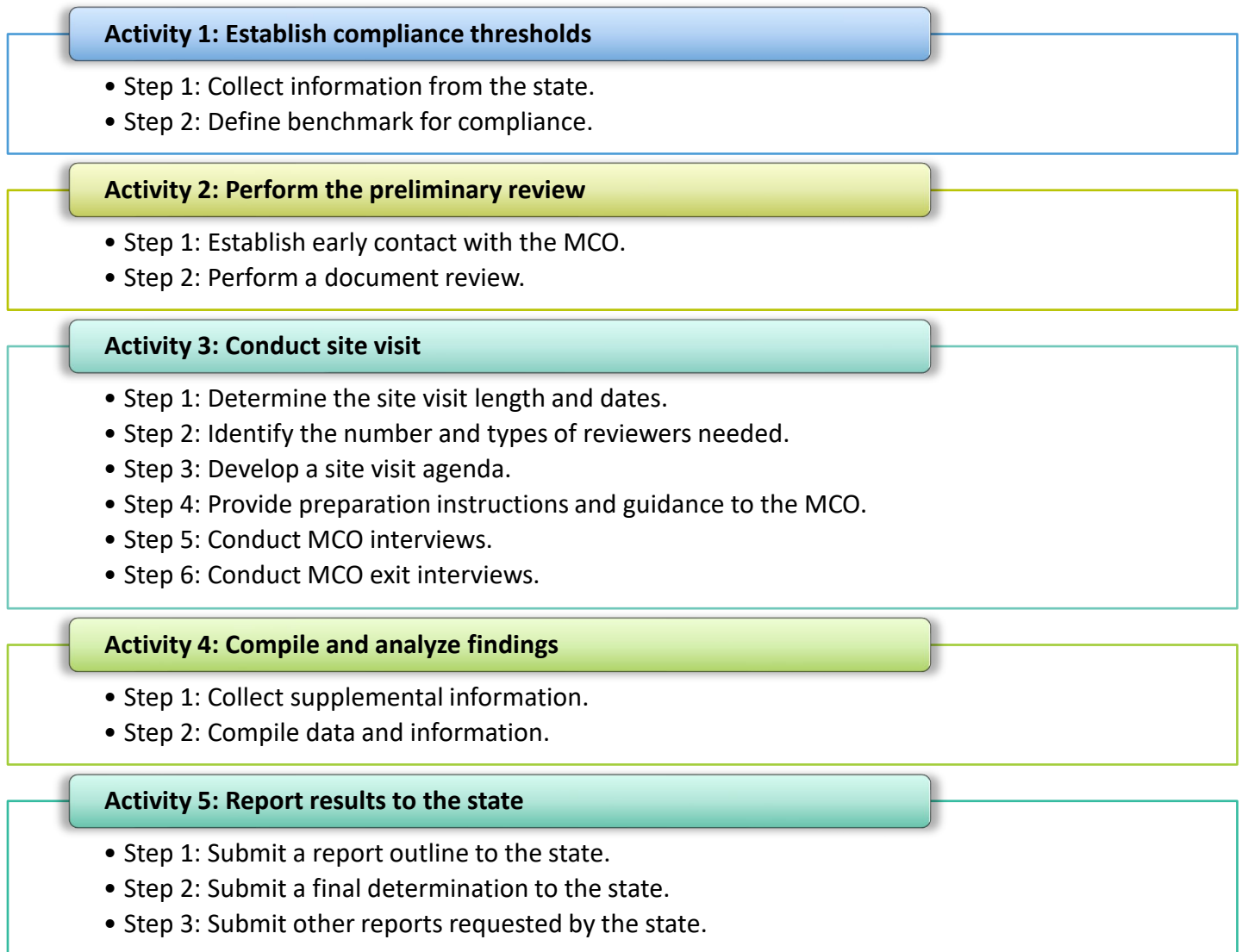
## V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

### Objectives

This section of the EQR report presents a review by IPRO of CHIP-MCOs' compliance with federal regulations. The review is based on information derived from PA DHS reviews of the MCO conducted during the 2022 to 2024 three-year review cycle.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations* was used as the framework to determine the extent to which Medicaid and CHIP managed care plans are in compliance with federal standards. **Figure 24** details the mandatory EQR Protocol 3 activities.



**Figure 24: EQR Protocol 3 Activities** MCO: managed care organization; EQR: external quality review.

### Description of Data Obtained

The Systematic Monitoring, Access, and Retrieval Technology (SMART) items are a comprehensive set of monitoring items that have been developed by PA DHS from the managed care regulations. PA CHIP staff reviews SMART items on an ongoing basis for each CHIP-MCO as part of their compliance review. These items vary in review periodicity as determined by CHIP, and reviews typically occur annually or as needed.

Prior to the onsite reviews conducted by CHIP, MCOs provide documents to CHIP for review, which address various areas of compliance. This includes training materials, provider manuals, MCO organization charts, policy and procedure manuals, and geographic access maps. These items are also used to assess the MCOs overall operational, fiscal, and programmatic activities to ensure compliance with contractual obligations. Federal and state law require that CHIP conduct monitoring and oversight of its MCOs.

Throughout the review, these areas of compliance are discussed with the MCO, and clarifying information is provided, where possible. Discussions that occur are compiled along with the reviewed documentation to provide a final determination of compliance, partial compliance, or non-compliance for each section.

To evaluate MCO compliance on individual provisions, IPRO grouped the monitoring standards by provision and evaluated the MCO's compliance status with regard to the SMART items. For example, all provisions relating to availability of services are summarized under Title 42 CFR § 457.1230(a) *Availability of services*. This grouping process was done by referring to CMS's "Regulations Subject to Compliance Review," where specific CHIP regulations are noted as required for review and corresponding sections are identified and described for each subpart, particularly D and E. Each item was assigned a value of "Compliant" or "Non-compliant" in the item log submitted by DHS. If an item was not evaluated for a particular MCO, it was assigned a value of "Not Determined." Compliance with the federal requirements was then determined based on the aggregate results of the SMART items linked to each provision within a requirement or category. If all items were Compliant, the MCO was evaluated as Compliant. If some were Compliant and some were Non-compliant, the MCO was evaluated as Partially Compliant. If all items were Non-compliant, the MCO was evaluated as Non-compliant. If no items were evaluated for a given category and no other source of information was available to determine compliance, a value of Not Determined was assigned for that category.

Categories determined to be Partially Compliant or Non-compliant are indicated where applicable in the tables below, and the SMART items that were assigned a value of Non-compliant by DHS within those categories are noted.

The documents for the most recent review in calendar year 2024 used by IPRO include the SMART database findings completed by PA CHIP staff as of quarter one 2025. Findings are reported by IPRO using the SMART database completed by PA CHIP staff. The SMART items provide the information necessary for this review. The SMART items and their associated review findings for this year are maintained in a database. The SMART database has been maintained internally at DHS CHIP beginning in review year 2019 and has continued for subsequent review years. IPRO reviewed the elements in the SMART item list and created a crosswalk to pertinent federal regulations. A total of 75 items were identified that were relevant to evaluation of MCO compliance with the federal regulations.

The crosswalk links SMART items to specific provisions of the regulations, where possible. **Table 76** provides a count of items linked to each standard designated in the protocols as subject to compliance review.

**Table 76: SMART Items Count per Regulation**

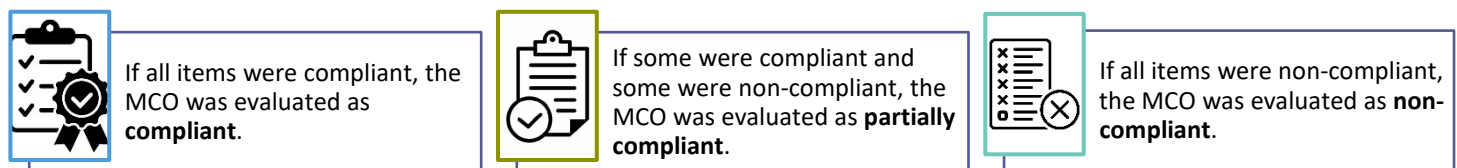
Federal Regulation	Medicaid Citation	CHIP Citation	SMART Items
<b>Subpart B: State Responsibilities</b>			
Enrollment and Disenrollment	438.56	457.305	5
<b>Subpart C: Enrollee Rights and Protections</b>			
Coverage and Authorization of Services	438.210	457.1230 (d)	3
Enrollee Rights	438.100	457.1220	14
Emergency and Post-stabilization Services	438.114	457.1228	0
<b>Subpart D: MCO, PIHP, and PAHP Standards</b>			
Assurances of Adequate Capacity and Services	438.207	457.1230(b)	3
Availability of Services	438.206	457.1230(a)	6
Confidentiality	438.208	457.1230(c)	1
Coordination and Continuity of Care	438.208	457.1230(c)	5
Coverage and Authorization of Services	438.210(c)	457.1230(d)	3
Grievance Systems <sup>1</sup>	438.228	457.1260	24
Health Information Systems	438.242	457.1233(d)	2
Practice Guidelines	438.236(b) and (c)	457.1233(c)	2
Provider Selection	438.214	457.1233(a)	2
Subcontractual Relationships and Delegation	438.230	457.1233(b)	1
<b>Subpart E: Quality Measurement and Improvement; EQR Regulations</b>			
QAPI program	438.330	457.1240(b)	7

<sup>1</sup> Per Centers for Medicare and Medicaid Services guidelines and protocols, this regulation is typically referred to as “Grievance and Appeals Systems.” However, to better align with the CHIP reference for 457.1260, it is referred to in this report as “Grievance Systems.”

SMART: Systematic Monitoring, Access, and Retrieval Technology; CHIP: Children’s Health Insurance Program; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; QAPI: Quality Assessment and Performance Improvement.

## Conclusions and Comparative Findings

IPRO merged the 2022, 2023, and 2024 compliance results from the three-year review period. **Figure 25** depicts the process for making overall standard compliance determinations based on item compliance crosswalked to the standard.



**Figure 25: Standard Compliance Determination Criteria** MCO: managed care organization.

**Tables 77–80** display the CHIP-MCO compliance results.

*Subpart B: State Responsibilities*

The general purpose of the regulations included in this category is to ensure that each MCO specifies the reason for an enrollee’s disenrollment and that there is no other reason for disenrollment other than what is permitted under contract (*Title 42 CFR § 438.56 [b]*). The SMART database and DHS’s audit document information include assessment of the MCO’s compliance with regulations found in Subpart B. **Table 77** presents the findings by categories consistent with the regulations.

**Table 77: MCO Compliance with State Responsibilities**

Subpart B								
Categories	ABH Compliance	CBC Compliance	GEI Compliance	HPP Compliance	HHK Compliance	IBC Compliance	UHC Compliance	UPMC Compliance
Enrollment and Disenrollment	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization.

*Subpart C: Enrollee Rights and Protections*

The general purpose of the regulations included in this category is to ensure that each MCO had written policies regarding enrollee rights and complies with applicable federal and state laws that pertain to enrollee rights and that the MCO ensures that its staff and affiliated providers take into account those rights when furnishing services to members (*Title 42 CFR § 438.100 [a)]–[b]*). The SMART database and DHS’s audit document information include assessment of the MCO’s compliance with regulations found in Subpart C. **Table 78** presents the findings by categories consistent with the regulations.

**Table 78: MCO Compliance with Enrollee Rights and Protections Regulations**

Subpart C								
Categories	ABH Compliance	CBC Compliance	GEI Compliance	HPP Compliance	HHK Compliance	IBC Compliance	UHC Compliance	UPMC Compliance
Coverage and Authorization of Services	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Enrollee Rights	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Emergency and Post-stabilization Services	Not determined	Not determined	Not determined	Not determined	Not determined	Not determined	Not determined	Not determined

MCO: managed care organization.

Subpart D: MCO, PIHP, and PAHP Standards

The general purpose of the regulations included under this heading is to ensure that all services available under the Commonwealth’s CHIP managed care program are available and accessible to MCO members enrolled in CHIP (*Title 42 CFR § 438.206 [a]*). The SMART database includes an assessment of the MCO’s compliance with regulations found in Subpart D. For the category of Assurances of Adequate Capacity and Services, the MCO was evaluated as noted above against additional SMART items and DHS monitoring activities. **Table 79** presents the findings by categories consistent with the regulations.

Table 79: MCO Compliance with MCO, PIHP, and PAHP Standards Regulations

Subpart D								
Categories	ABH Compliance	CBC Compliance	GEI Compliance	HPP Compliance	HHK Compliance	IBC Compliance	UHC Compliance	UPMC Compliance
Assurances of Adequate Capacity and Services	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Availability of Services	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Confidentiality	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Coordination and Continuity of Care	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Coverage and Authorization of Services	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Grievance Systems <sup>1</sup>	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Health Information Systems	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Practice Guidelines	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Provider Selection	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
Subcontractual Relationships and Delegation	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

<sup>1</sup> Per Centers for Medicare and Medicaid Services guidelines and protocols, this regulation is typically referred to as “Grievance and Appeals Systems.” However, to better align with the CHIP reference for 457.1260, it is referred to in this report as “Grievance Systems.”

MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Subpart E: Quality Measurement and Improvement; External Quality Review**

The general purpose of the regulations included under this heading is to ensure that managed care entities establish and implement an ongoing comprehensive QAPI Program for the services it furnishes to its CHIP members (*Title 42 CFR § 438.330*). The MCO’s compliance with the regulation found in Subpart E was evaluated as noted above against additional SMART items and DHS monitoring activities. **Table 80** presents the findings by categories consistent with the regulation.

**Table 80: MCO Compliance with Quality Measurement and Improvement; EQR Regulations**

Subpart E								
Categories	ABH Compliance	CBC Compliance	GEI Compliance	HPP Compliance	HHK Compliance	IBC Compliance	UHC Compliance	UPMC Compliance
QAPI Program	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization; EQR: external quality review; QAPI: Quality Assessment and Performance Improvement.

**Review of Compliance with Regulations Previous Recommendations, Plan Responses and Actions, and New Recommendations**

**Table 81** displays the prior year review of compliance with regulations findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

**Table 81: Review of Compliance with Regulations Previous Recommendations, Plan Responses and Actions, and New Recommendations**

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	No recommendations	Not applicable	No recommendations
CBC	No recommendations	Not applicable	No recommendations
GEI	No recommendations	Not applicable	No recommendations
HPP	No recommendations	Not applicable	No recommendations
HHK	No recommendations	Not applicable	No recommendations
IBC	No recommendations	Not applicable	No recommendations
UHC	No recommendations	Not applicable	No recommendations
UPMC	No recommendations	Not applicable	No recommendations

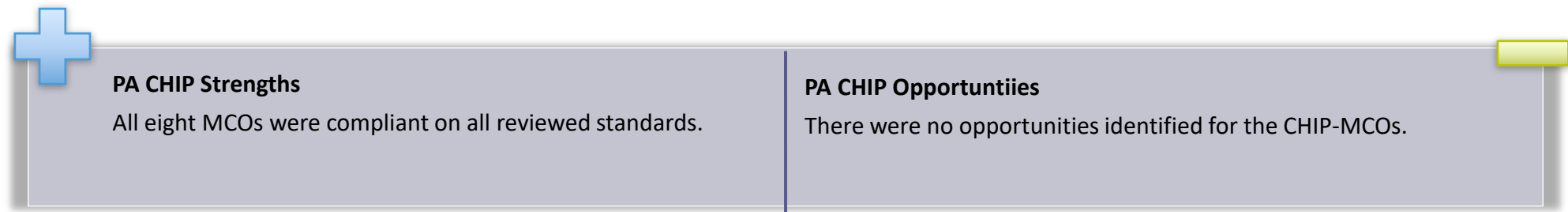
MCO: managed care organization.

**Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Summary**

Review of compliance data across all compliance activities yielded the following recommendations for PA CHIP:

- IPRO recommends that PA CHIP perform compliance reviews for at least one category under the Emergency and Post-stabilization Services category for each MCO in the coming review year.

**Figure 26** provides an aggregated summary of the review of compliance with Medicaid and CHIP regulations across all MCOs.



**Figure 26: Review of Compliance with Medicaid and CHIP Managed Care Regulations Aggregate Findings** MCO: managed care organization.



## VI. Validation of Network Adequacy

### Objectives

*Title 42 CFR § 438.356(a)(1)* and *Title 42 CFR § 438.358(b)(1)(iv)* establish that state agencies must contract with an EQRO to perform the annual validation of network adequacy. To meet these federal regulations, PA contracted with IPRO to perform the validation of network adequacy for the PA CHIP program.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 4. Validation of Network Adequacy* was used as the framework to validate each activity. **Figure 27** details the mandatory EQR Protocol 4 activities.

#### Activity 1: Define the Scope of the Validation of Quantitative Network Adequacy Standards

- Step 1: Obtain needed information from the state.
- Step 2: Identify and define network adequacy indicators for validation.
- Step 3: Identify and define provider types.
- Step 4: Establish network adequacy validation activities and timeline.

#### Activity 2: Identify Data Sources for Validation

- Step 1: Identify data sources.
- Step 2: Answer additional questions about data sources.

#### Activity 3: Review Information Systems Underlying Network Adequacy Monitoring

- Step 1: Assess processes for collecting network adequacy data.
- Step 2: Interview state and state contractor personnel.

#### Activity 4: Validate Network Adequacy Monitoring Data, Methods, and Results

- Step 1: Assess the reliability and validity of the state's network adequacy data.
- Step 2: Assess the methods used by the state to assess network adequacy.
- Step 3: Validate network adequacy results submitted by the state.
- Step 4: Summarize network adequacy validation findings.

#### Activity 5: Submit Findings to the State

**Figure 27: EQR Protocol 4 Activities** EQR: external quality review.

## Description of Data Obtained

**Box 4** details the data obtained from PA that were used to conduct the validation activities and their definitions.

### Box 4: Network Adequacy Data and Definitions

- **Network adequacy standard:** a quantitative parameter that states establish to set expectations for contracted managed care plans' provider networks.
- **Network adequacy indicator:** the metric(s) used to assess adherence to the quantitative network adequacy standard.
- **Applicable provider types:** all provider types to which the network adequacy standard applies.
- **Applicable regions:** all regions to which the network adequacy standard applies.
- **Data and documentation submitted by the state:** data collection processes and results, as well as state standards for data accuracy, timeliness, and completion.

CHIP opts to conduct the network adequacy analysis using data submitted by the MCOs and other data sources. Per the PA DHS Managed Care Quality Strategy (MCQS), "Each managed care program agreement entered into by DHS identifies network adequacy standards for those programs that ensure covered standards are available and accessible to members. These standards are consistent with state regulations and must comply with CMS network adequacy standards as outlined in 42 CFR §§ 457.1218 and 457.1230[a]. (...) CHIP-MCOs provide monthly provider network files to the CHIP contractor, and the monitoring system is updated to show the status of member travel times for certain providers, with follow-up for identified issues. GeoAccess maps are provided at least annually and upon request. (...) Typical oversight and monitoring of provider networks include review of geographic access maps using member level data detailing the number, location, and specialties of the provider networks."<sup>10</sup>

IPro conducted meetings with CHIP and the CHIP contractor to discuss the network adequacy analysis process, the process strengths, and opportunities for improvement. IPro collected information from PA CHIP for the network adequacy validation activities, including:

- a detailed list of the state's quantitative network adequacy standards,
- a description of network adequacy data and documentation,
- a description of the information from the MCOs to PA CHIP, and
- CHIP-contractor-generated MCO network adequacy rates.

IPro used the information collected from CHIP to assess the network adequacy data sources and determined a validation finding and rating for each network adequacy indicator. Additionally, IPro used the CHIP-contractor-generated network adequacy rates to assess if CHIP met its goal to "ensure that its provider network is adequate to provide its members with access to quality care through participating professionals, in a timely manner, and without the need to travel excessive distances", as stated in the MCQS.<sup>10</sup>

## Conclusions and Comparative Findings

IPro's network adequacy conclusions and comparative findings fall under two categories: the validation of network adequacy data, processes, and methods, as well as the analysis of network adequacy rates to evaluate quality, timeliness, and access to CHIP health services.

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<sup>10</sup> PA DHS. (2023). *Medical Assistance and Children's Health Insurance Program managed care quality strategy*. 43-44. [2023 Medical Assistance Quality Assistance Strategy for Pennsylvania \(pa.gov\)](https://www.pa.gov/documents/2023/04/2023-Medical-Assistance-Quality-Assistance-Strategy-for-Pennsylvania).

Network Adequacy Validation Findings

Box 5 describes IPRO’s network adequacy assessment process and outputs.

**Box 5: Network Adequacy Validation Assessment Conclusions and Definitions**

- After assessing the reliability and validity of the state’s network adequacy data, processes, and methods used to assess network adequacy and calculate each network adequacy indicator, IPRO generated a network adequacy **validation finding** and **rating** for each standard:
  - The **finding** answers the question, “Did the state address this standard’s indicator in its network adequacy monitoring activities?”
  - The **rating** reflects IPRO’s overall confidence that the state used an acceptable methodology in the design, data collection, analysis, and interpretation of each network adequacy indicator. The rating is based on the following scale: **high, moderate, low, and no confidence**.

While conducting network adequacy validation activities, IPRO identified the following:

- The CHIP contractor conducts the network adequacy analysis and meets with CHIP monthly to review results for monitoring and oversight.
- The CHIP network adequacy analysis begins with a three-step validation hierarchy applied to MCO-submitted provider files, including a validation against external datasets.
- The CHIP contractor generates a network adequacy rate for each standard’s indicator based on drive time, a minimum number of providers within a specified service area, or a minimum number of providers within the MCO’s network, per the standard’s definition.
- The network adequacy calculation has three key components: MCO provider file submissions, provider criteria mapping, and monthly cluster recipient files.
  - The network adequacy rate is derived from deidentified member data, preventing the CHIP contractor from identifying newly enrolled members.
  - The provider data used in the rate calculation includes all providers, regardless of whether the provider is accepting new patients. As such, the current network adequacy monitoring activities do not assess whether new members are covered by providers accepting new patients, when applicable.

Taking all information into account, IPRO drew the following conclusions regarding CHIP’s network adequacy data, processes, and methods.

- 
- CHIP demonstrated it addressed every network time and distance standard **except access to adult primary care, as needed, and access to certified nurse midwives and certified nurse practitioners**.*
  - Network adequacy rates for time and distance standards that define the minimum number of providers within a drive time or service area received a **high confidence rating**.*
  - Rates for time and distance standards that also require a minimum number of providers accepting new patients received a **moderate confidence rating**.*
  - The appointment wait time standards were **not addressed** and could not be validated.*
- 

Table 82 details the findings and ratings for each network adequacy standard.

**Table 82: CHIP Network Adequacy Validation Findings**

Network Adequacy Standards	Validation Finding	Validation Rating
Network Time and Distance Standards		
Ensure there is at least one <b>acute care hospital</b> within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice within the CHIP service area.	Addressed	High confidence
Ensure a choice of two <b>adult primary care</b> providers, as appropriate, who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Missing	Could not be validated
Must have a choice of two <b>allergy</b> providers who are accepting new patients within the CHIP Zone.	Partially addressed	Moderate confidence
For enrollees needing <b>anesthesia for dental care</b> , the MCO must ensure a choice of at least two dentists within the provider network with privileges or certificates to perform specialized dental procedures under general anesthesia.	Addressed	High confidence
Ensure a choice of at least two <b>behavioral health providers</b> within the provider network who are accepting new patients within the travel times of 30 minutes in urban areas and sixty 60 minutes in rural areas.	Addressed	Moderate confidence
Ensure a choice of two <b>cardiology</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure access to <b>certified nurse midwives</b> (CNMs) and <b>certified registered nurse practitioners</b> (CRNPs).	Missing	Could not be validated
Ensure a choice of one <b>dermatology</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice within the CHIP Zone.	Addressed	Moderate confidence
Must have a choice of two <b>endocrinology</b> providers who are accepting new patients within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of two <b>general dentistry</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure a choice of two <b>general surgery</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Must have a choice of two <b>laboratory</b> providers within the CHIP Zone.	Addressed	High confidence
Ensure a choice of one <b>neurology</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice, within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of one <b>nursing facility</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of two <b>obstetrics and gynecology</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Must have a choice of two <b>occupational therapy</b> providers who are accepting new patients within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of two <b>oncology</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Must have a choice of two <b>optometry</b> providers who are accepting new patients within the CHIP Zone.	Addressed	Moderate confidence

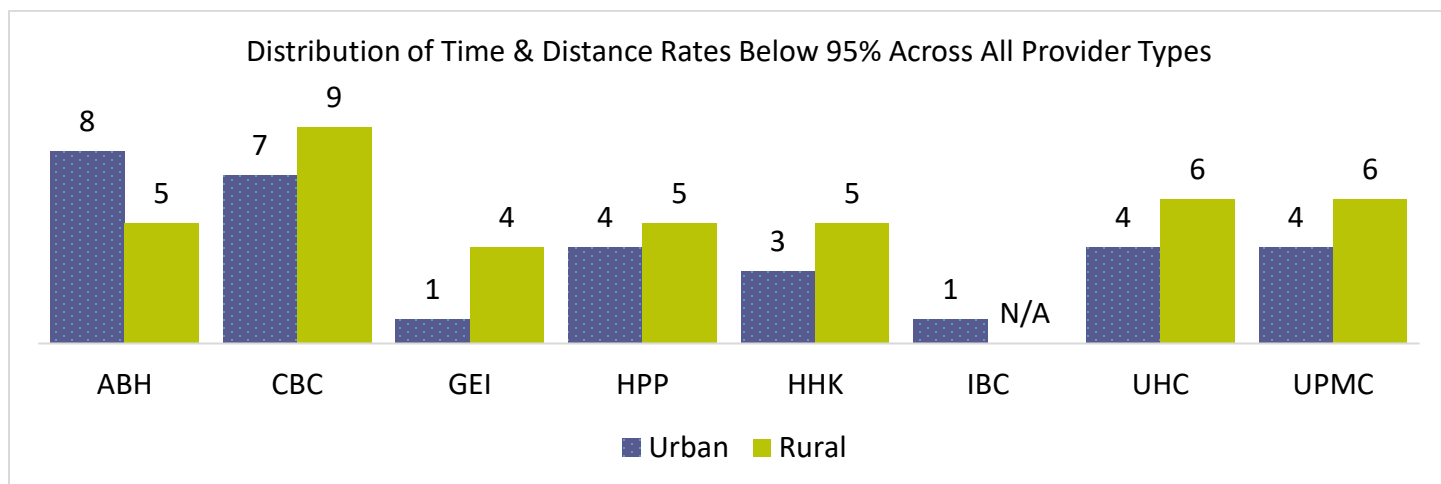
Network Adequacy Standards	Validation Finding	Validation Rating
Ensure a choice of one <b>oral surgery</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice, within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of two <b>orthodontist</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure a choice of two <b>orthopedic surgery</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure a choice of one <b>otolaryngology</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice within the CHIP Zone.	Addressed	Moderate confidence
Must have a choice of two <b>pediatric dentistry</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure an adequate number of pediatricians accepting new patients to permit all enrollees who want a <b>pediatrician as a PCP</b> to have a choice of two for their child within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure a choice of two <b>pharmacy</b> providers within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	High confidence
Ensure a choice of two <b>physical therapy</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Must have a choice of two <b>radiology</b> providers who are accepting new patients within the CHIP Zone.	Addressed	Moderate confidence
Ensure a choice of at least two <b>rehabilitation facilities</b> within the provider network.	Addressed	High confidence
Must have a choice of two <b>speech and hearing</b> providers who are accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural).	Addressed	Moderate confidence
Ensure a choice of one <b>urology</b> provider who is accepting new patients within the travel time limits (30 minutes urban, 60 minutes rural) and a second choice within the CHIP Zone.	Addressed	Moderate confidence
Appointment Wait Time Standards		
<b>Emergency medical conditions:</b> seen immediately or referred to emergency facility for general, specialty, and maternity care and within 1 hour for behavioral health care.	Missing	Could not be validated
<b>Urgent medical condition:</b> scheduled within 24 hours.	Missing	Could not be validated
<b>Routine care:</b> available within 10 business days of request for general care, 15 business days for specialty care, and 7 business days for behavioral health care.	Missing	Could not be validated
<b>Initial health assessment and physical exams:</b> scheduled within 3 weeks of enrollment.	Missing	Could not be validated
<b>Initial Prenatal care:</b> in the first trimester, within 10 business days of being identified as pregnant; in the second trimester, within 5 business days of being identified as pregnant; in the third trimester, within 4 business days of being identified as pregnant; and for high-risk pregnancies, within 24 hours of being identified as pregnant, or immediately if an emergency exists.	Missing	Could not be validated

MCO: managed care organization; PCP: primary care provider.

### Network Adequacy Indicator Travel Time and Distance Analysis

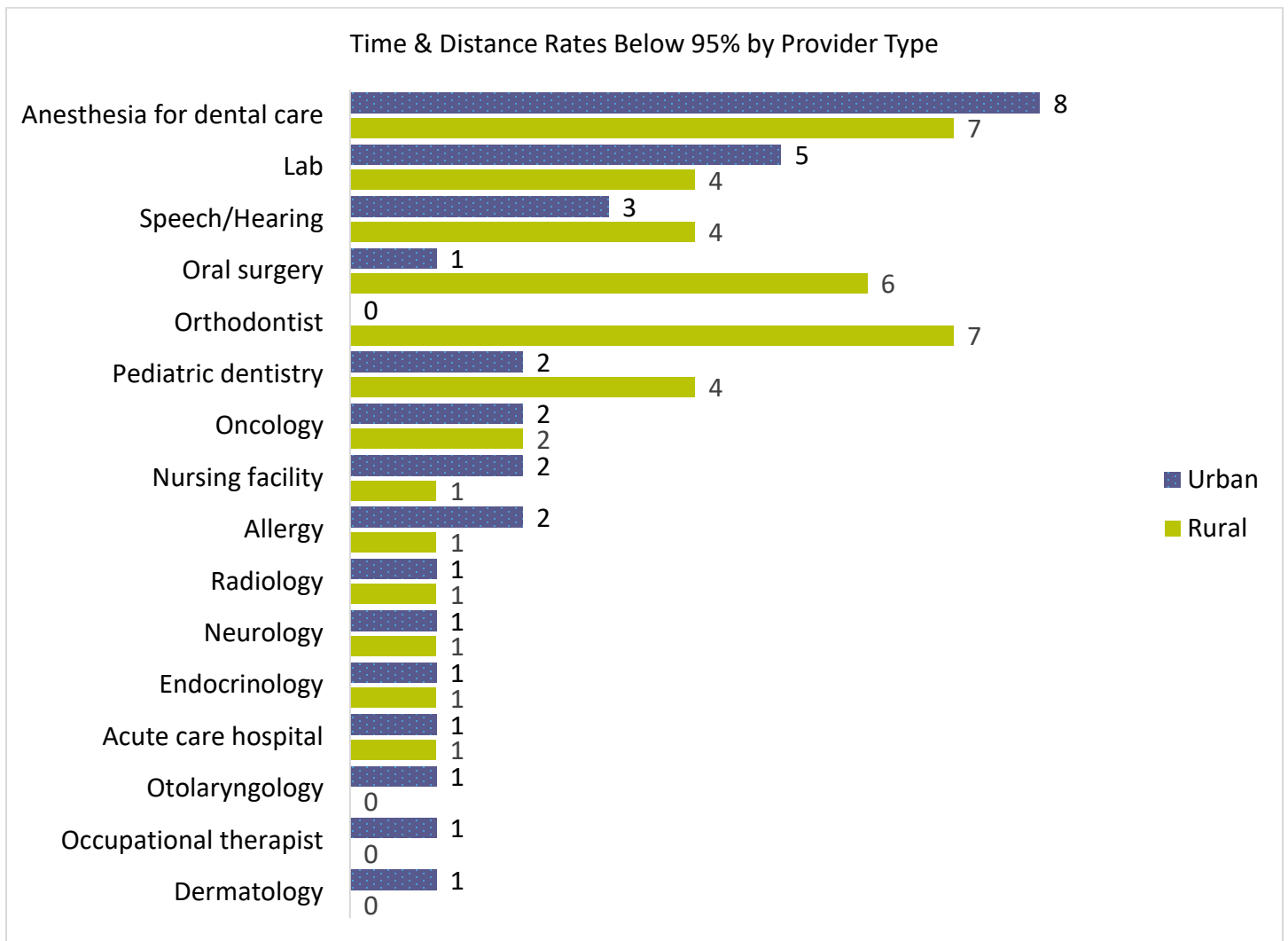
In addition to validating CHIP's network adequacy data, processes, and methods, IPRO EQR activities include evaluating the network adequacy information on quality, timeliness, and access to the health services that the MCOs furnish to CHIP members. During the 2024–2025 review cycle, IPRO's analysis of the MCO network adequacy indicator rates was limited to the access domain due to the missing appointment wait time indicator data.

**Figure 28** shows the distribution of time and distance rates that fell below 95% by MCO. Both rural and urban areas are represented in the figure. Apart from IBC, which does not serve rural areas, all MCOs had at least one provider type in both service areas that fell below 95%. In general, rural areas tend to have lower time and distance rates than urban areas covered by the same MCO.



**Figure 28: Distribution of Time & Distance Rates Below 95% Across All Provider Types** Purple bars represent urban, and green bars represent rural. N/A: not available, IBC does not include rural providers in their network.

**Figure 29** shows the distribution of time and distance rates that fell below 95% by provider type. Anesthesia for dental care and lab provider types had the most rates below 95% in urban areas. Anesthesia for dental care, oral surgery, and orthodontist provider types had the most rates below 95% in rural areas.



**Figure 29: Time & Distance Rates Below 95% by Provider Type**



**Table 83** displays the time and distance indicator rates generated by the CHIP contractor. Note that IBC does not serve a rural geographic area.

**Table 83: CHIP-MCO Time and Distance Indicator Rates**

Provider Type	ABH Urban	ABH Rural	CBC Urban	CBC Rural	GEI Urban	GEI Rural	HPP Urban	HPP Rural	HHK Urban	HHK Rural	IBC Urban	UHC Urban	UHC Rural	UPMC Urban	UPMC Rural
Acute care hospital	97.91%	100.00%	0.00%	0.00%	99.85%	100.00%	99.91%	100.00%	99.99%	99.95%	99.93%	99.84%	100.00%	99.85%	100.00%
Allergy	90.15%	99.95%	99.84%	100.00%	98.49%	98.63%	95.31%	100.00%	99.40%	98.80%	99.92%	88.40%	92.59%	98.38%	98.30%
Anesthesia for dental care	69.83%	69.70%	0.00%	0.00%	57.14%	72.72%	60.76%	1.28%	35.33%	62.90%	0.00%	0.00%	0.00%	72.49%	92.57%
Behavioral health	99.91%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.95%	99.98%	100.00%	99.99%	100.00%
Cardiology	99.89%	100.00%	99.88%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.94%	99.98%	100.00%	99.99%	100.00%
Dermatology	89.90%	99.95%	100.00%	100.00%	97.66%	99.27%	99.71%	100.00%	99.05%	99.11%	99.62%	99.09%	100.00%	99.37%	98.00%
Endocrinology	97.53%	99.58%	99.91%	100.00%	99.89%	100.00%	97.20%	100.00%	99.98%	99.95%	99.94%	8.58%	19.63%	97.20%	99.16%
General dentistry	99.99%	100.00%	100.00%	100.00%	100.00%	99.98%	100.00%	100.00%	99.99%	99.95%	99.97%	99.98%	100.00%	99.99%	100.00%
General surgery	99.95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.96%	99.98%	100.00%	99.99%	100.00%
Lab	50.85%	85.22%	0.05%	15.84%	99.95%	100.00%	0.00%	100.00%	39.20%	65.21%	96.92%	95.99%	96.73%	77.35%	84.75%
Neurology	99.72%	100.00%	33.52%	71.71%	99.95%	100.00%	99.94%	100.00%	99.99%	99.95%	99.94%	99.89%	100.00%	99.66%	100.00%
Nursing facility	94.85%	99.95%	0.00%	0.00%	97.41%	99.98%	99.10%	100.00%	99.98%	99.95%	99.93%	99.98%	100.00%	99.99%	100.00%
Obstetrics	99.90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.95%	99.98%	100.00%	99.99%	100.00%
Occupational therapist	98.55%	100.00%	100.00%	100.00%	99.96%	99.98%	99.77%	100.00%	99.76%	99.95%	99.93%	97.21%	100.00%	91.84%	97.50%
Oncology	97.96%	99.38%	0.00%	0.00%	99.97%	99.91%	100.00%	100.00%	89.86%	69.45%	99.93%	99.98%	98.94%	99.98%	99.96%
Optometrist	99.99%	99.80%	100.00%	100.00%	99.95%	99.98%	100.00%	100.00%	99.99%	99.95%	99.97%	99.98%	100.00%	99.99%	100.00%
Oral surgery	94.39%	61.02%	96.76%	78.34%	96.48%	91.37%	98.21%	1.28%	99.76%	97.32%	99.97%	99.02%	77.54%	99.27%	91.21%
Orthodontist	99.24%	82.50%	98.75%	88.32%	99.54%	91.49%	99.96%	1.28%	99.64%	94.74%	99.97%	99.62%	94.61%	99.50%	93.89%
Orthopedic surgery	99.90%	99.95%	99.98%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.38%	99.94%	99.98%	99.00%	99.99%	100.00%
Otolaryngology	94.41%	96.02%	99.97%	100.00%	99.88%	97.93%	100.00%	100.00%	99.98%	99.36%	99.94%	99.32%	99.91%	99.69%	99.63%
Pediatric dentistry	98.07%	97.60%	85.37%	92.74%	97.72%	97.78%	99.97%	100.00%	99.66%	94.80%	99.97%	0.00%	0.00%	99.40%	94.56%
Pediatrics	99.91%	99.93%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.97%	99.98%	100.00%	99.99%	100.00%
Pharmacy	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.99%	99.95%	99.97%	99.77%	97.75%	99.99%	100.00%
Physical therapy	99.98%	100.00%	100.00%	100.00%	99.96%	99.98%	100.00%	100.00%	99.99%	99.95%	99.97%	99.98%	100.00%	99.71%	99.91%
Radiology	99.97%	99.11%	100.00%	100.00%	99.99%	100.00%	92.03%	1.28%	99.99%	99.95%	99.97%	99.98%	100.00%	99.99%	100.00%
Rehabilitation facilities	99.24%	99.98%	100.00%	100.00%	99.95%	100.00%	99.97%	100.00%	99.99%	99.95%	99.97%	99.98%	100.00%	99.99%	100.00%
Speech/Hearing	86.17%	81.69%	99.98%	99.90%	99.84%	94.58%	77.47%	22.44%	99.74%	95.12%	99.93%	96.02%	97.28%	71.18%	82.46%
Urology	99.51%	99.78%	99.84%	100.00%	99.95%	99.88%	99.94%	100.00%	99.98%	99.00%	99.94%	99.45%	98.94%	99.90%	99.96%

MCO: managed care organization.



Network Adequacy Recommendations

Review of information and processes across all network adequacy validation activities yielded the following recommendations for PA CHIP:

- IPRO recommends that PA CHIP incorporate processes for network time and distance standards that allow identification for whether providers are accepting new patients.
- IPRO recommends that PA CHIP develop indicators to address appointment wait times across the five standards: emergency medical conditions, urgent medical condition, routine care, initial health assessment and physical exams, and initial prenatal care.

IPRO recommends that all MCOs place a focus on improving both urban and rural rates that fall below 100%. **Table 84** displays the current CHIP-MCO recommendations for quality improvement for provider types that fell below 95%.

Table 84: Network Adequacy New Recommendations

MCO	New Urban Recommendations	New Rural Recommendations
ABH	<ul style="list-style-type: none"><li>• Allergy</li><li>• Anesthesia for dental care</li><li>• Dermatology</li><li>• Lab</li><li>• Nursing facility</li><li>• Oral surgery</li><li>• Otolaryngology</li><li>• Speech/Hearing</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Speech/Hearing</li></ul>
CBC	<ul style="list-style-type: none"><li>• Acute hospital care</li><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Neurology</li><li>• Nursing facility</li><li>• Oncology</li><li>• Pediatric dentistry</li></ul>	<ul style="list-style-type: none"><li>• Acute hospital care</li><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Neurology</li><li>• Nursing facility</li><li>• Oncology</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Pediatric dentistry</li></ul>
GEI	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Speech/Hearing</li></ul>

MCO	New Urban Recommendations	New Rural Recommendations
HPP	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Radiology</li><li>• Speech/Hearing</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Radiology</li><li>• Speech/Hearing</li></ul>
HHK	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Oncology</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Oncology</li></ul>
IBC	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li></ul>	IBC does not include rural providers in their network.
UHC	<ul style="list-style-type: none"><li>• Allergy</li><li>• Anesthesia for dental care</li><li>• Endocrinology</li><li>• Pediatric dentistry</li></ul>	<ul style="list-style-type: none"><li>• Allergy</li><li>• Anesthesia for dental care</li><li>• Endocrinology</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Pediatric dentistry</li></ul>
UPMC	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Occupational therapist</li><li>• Speech/Hearing</li></ul>	<ul style="list-style-type: none"><li>• Anesthesia for dental care</li><li>• Lab</li><li>• Oral surgery</li><li>• Orthodontist</li><li>• Pediatric dentistry</li><li>• Speech/Hearing</li></ul>

MCO: managed care organization.

Network Adequacy Validation Aggregate Summary

Figure 30 provides an aggregated summary of network adequacy validation across all MCOs.

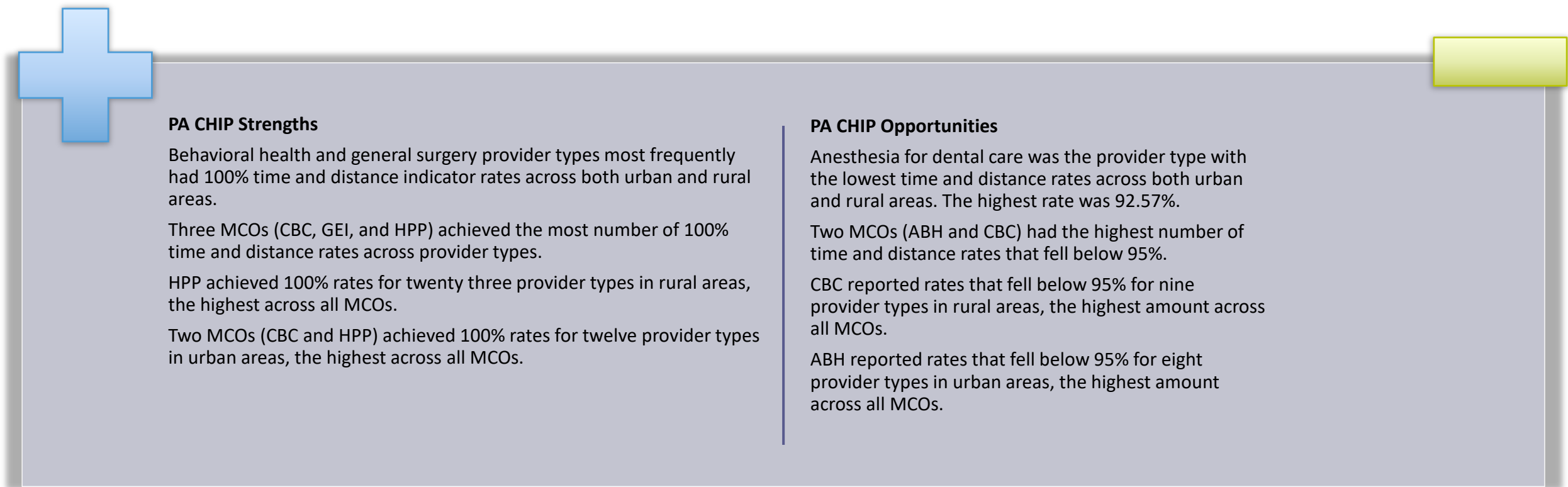


Figure 30: Network Adequacy Aggregate Findings PA: Pennsylvania; MCO: managed care organization

## VII. Validation of Quality-of-Care Surveys – CAHPS Member Experience Survey

### Objectives

*Title 42 CFR § 438.358(c)(2)* establishes that for each MCO, the administration or validation of consumer or provider surveys of quality of care may be performed by using information derived during the preceding 12 months. Further, *Title 42 CFR § 438.358(a)(2)* requires that the data obtained from the quality-of-care survey(s) be used for the annual EQR.

PA DHS requires MCOs to sponsor a member experience survey annually. The goal of the survey is to get feedback from these members about how they view the health care services they receive. DHS uses the results from the survey to determine variation in member satisfaction among the MCOs. Further, *Section 18.4. CAHPS of the Children's Health Insurance Program (CHIP) Procedures Handbook* requires that the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tools be administered by CHIP-MCOs. The CAHPS survey tool is a product developed under the CAHPS program funded and overseen by the Agency for Healthcare Research and Quality (AHRQ).

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*The overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with health care. Specifically, the survey aims to measure how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which can aid plans in increasing the quality of care provided.*

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Each MCO independently contracted with a certified CAHPS vendor to administer the child surveys for MY 2023.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 6. Validation of Quality-of-Care Surveys* was used as the framework to validate the CAHPS surveys. **Figure 31** details the EQR Protocol 6 activities.

### Activity 1: Pre-survey Activities

- Step 1: Communicate survey instructions to MCOs.
- Step 2: Assign HEDIS auditor to validate the survey sample frame.

### Activity 2: Validation of the Survey Sample Frame

- Step 1: Ascertain, from the MCO, the date for delivery of the validated sample frame to the survey vendor and arrange for validation to be completed by that date.
- Step 2: Verify that the MCO can produce an unbiased sample frame that includes all required data elements.
- Step 3: Provide the MCO with written documentation of the sample frame validation.

### Activity 3: Implementation of the Survey

- Step 1: Each MCO independently contracted with a certified CAHPS vendor to administer the adult and child surveys for MY 2023.

### Activity 4: Review of the Survey Data Analysis and Final Report

- Step 1: Obtain the final survey data from the state.
- Step 2: Publish the findings with three years of trending data.

**Figure 31: EQR Protocol 6 Activities** MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; EQR: external quality review.

The standardized survey instruments selected for PA’s CHIP program was the CAHPS 5.1H Child Medicaid Health Plan Survey. PA added three mental-health–focused measures and two health-equity–focused measures to the child survey.

HEDIS specifications require that the MCOs provide a list of all eligible members for the sampling frame. Following HEDIS requirements, the MCOs included members in the sample frame who were 17 years of age or younger as of December 31, 2023, who were continuously enrolled for at least five of the last six months of 2023, and who are currently enrolled in the MCO.

## Description of Data Obtained

CAHPS results were calculated in accordance with HEDIS specifications for survey measures. According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results.

Per the AHRQ, “Every CAHPS survey produces several measures of patient experience. These measures include composite measures, which combine two or more related survey items; single-item measures; and rating measures, which reflect respondents’ ratings on a scale of 0 to 10.”<sup>11</sup> Rating measures are referred to as global rating measures throughout this report.

**Table 85** displays the composite measure and rating measures, as defined by AHRQ. Additionally, **Table 85** displays the dental and health equity categories and measures defined by PA DHS. IPRO evaluated each MCO on measure results as indicators of quality, timeliness, and access.

<sup>11</sup> Agency for Health Care Research and Quality. *CAHPS Measures of Patient Experience*. [CAHPS Measures of Patient Experience | Agency for Healthcare Research and Quality](#).

**Table 85: CAHPS Categories and Response Options**

Category/Measure	Response Options <sup>1,2</sup>	Indicator Category
Composite measures		
Getting care quickly	Never, sometimes, usually, always	Timeliness
Getting needed care	Never, sometimes, usually, always	Access
Health plan customer service	Never, sometimes, usually, always	Quality
How well doctors communicate	Never, sometimes, usually, always	Quality
Global rating measures		
Rating of all health care	0–10 scale	Quality
Rating of health plan	0–10 scale	Quality
Rating of personal doctor	0–10 scale	Quality
Rating of specialist	0–10 scale	Quality
Mental health measures		
Provider chosen for mental health concerns	My child’s primary care provider, a mental health provider, a school counselor	Access
Satisfaction with mental health help received a provider	Never, sometimes, usually, always, my child did not require any help for mental health related conditions	Quality
Ease of getting counseling or treatment from a mental health provider	Never, sometimes, usually, always, my child did not require any help for mental health related conditions	Access
Health equity measures		
Doctor who speaks your language	Not applicable, did not have a problem, do not have a personal doctor, never, sometimes, usually, always	Quality
Doctor who knows your culture	Not applicable, did not have a problem, do not have a personal doctor, never, sometimes, usually, always	Quality

<sup>1</sup> Top-level performance is considered responses of “usually” or “always.”

<sup>2</sup> Top-level performance is considered scores of “8” or “9” or “10.”

CAHPS: Consumer Assessment of Healthcare Providers and Systems.

IPRO received aggregate MY 2023 CAHPS data from each of the eight CHIP-MCOs. The measures with response options on a never–always scale were calculated to reflect top-level performance with responses of “usually” or “always.” The global rating measures with responses on a 0–10 scale were calculated to reflect top-level performance with responses of “8” or “9” or “10.” MY 2023 CHIP overall rates were calculated by dividing the sum of all MCO denominator values by the sum of all MCO numerator values.

### ***CAHPS Child Composite Measure Composition***

**Box 6** details the composition and calculation of CAHPS composite measures. IPRO calculated the composite measures from aggregate data collected from the CHIP-MCOs.

### Box 6: CAHPS Child Composite Measure Composition

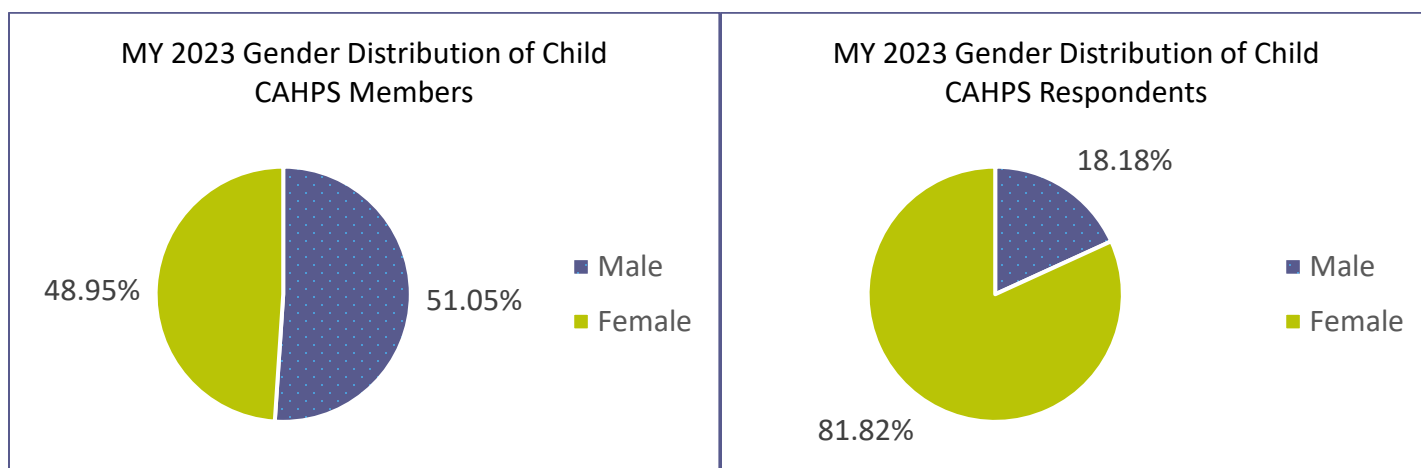
- **Getting care quickly** is a composite measure derived from the average of the single-item measures that ask, “In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?” and “In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as your child needed?”
- **Getting needed care** is a composite measure derived from the average of the single-item measures that ask, “In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?” and “In the last 6 months, how often did you get an appointment with a specialist as soon as your child needed?”
- **Health plan customer services** is a composite measure derived from the average of the single-item measures that ask, “In the last 6 months, how often did your child’s health plan’s customer service give you the information or help you needed?” and “In the last 6 months, how often did your child’s health plan’s customer service staff treat you with courtesy and respect?”
- **How well doctors communicate** is a composite measure derived from the average of four single-item measures that ask, “In the last 6 months, how often did your/your child’s personal doctor explain things in a way that was easy to understand?”, “In the last 6 months, how often did your child’s personal doctor listen carefully to you?”, “In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?”, and “In the last 6 months, how often did your child’s personal doctor spend enough time with your child?”

CAHPS: Consumer Assessment of Healthcare Providers and Systems.

## Conclusions and Comparative Findings

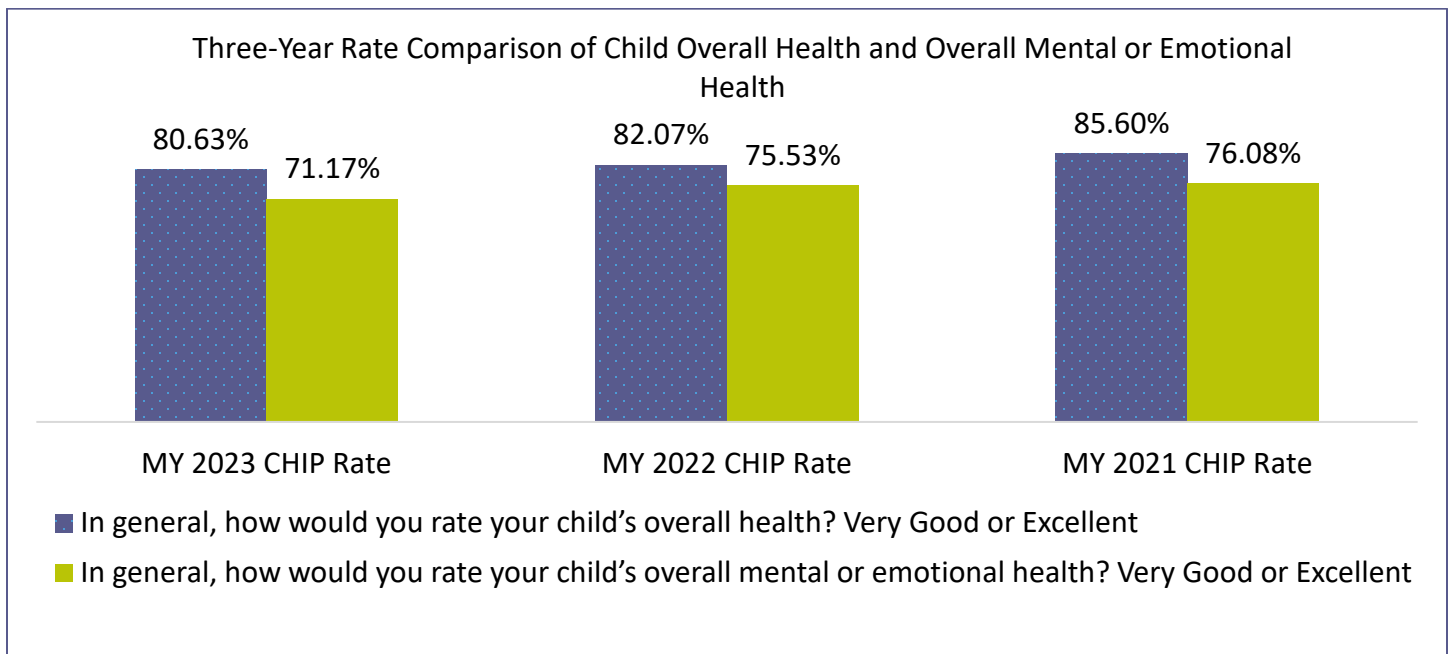
### *Survey Respondent Population Characteristics*

**Figure 32** displays the gender distribution of MY 2023 Child CAHPS respondents as identified by the child’s adult representative completing the survey. The majority of adult CAHPS respondents were female (56.08%) and a slight majority of child CAHPS members were male (54.38%).



**Figure 32: MY 2023 Gender Distributions of Child CAHPS Data** MY: measurement year; CAHPS: Consumer Assessment of Healthcare Providers and Systems.

**Figure 33** displays a three-year CHIP overall rate comparison of respondents’ answers to the questions, “In general, how would you rate your overall health?” and “In general, how would you rate your overall mental or emotional health?”, in which the answers were “Very Good” or “Excellent.”

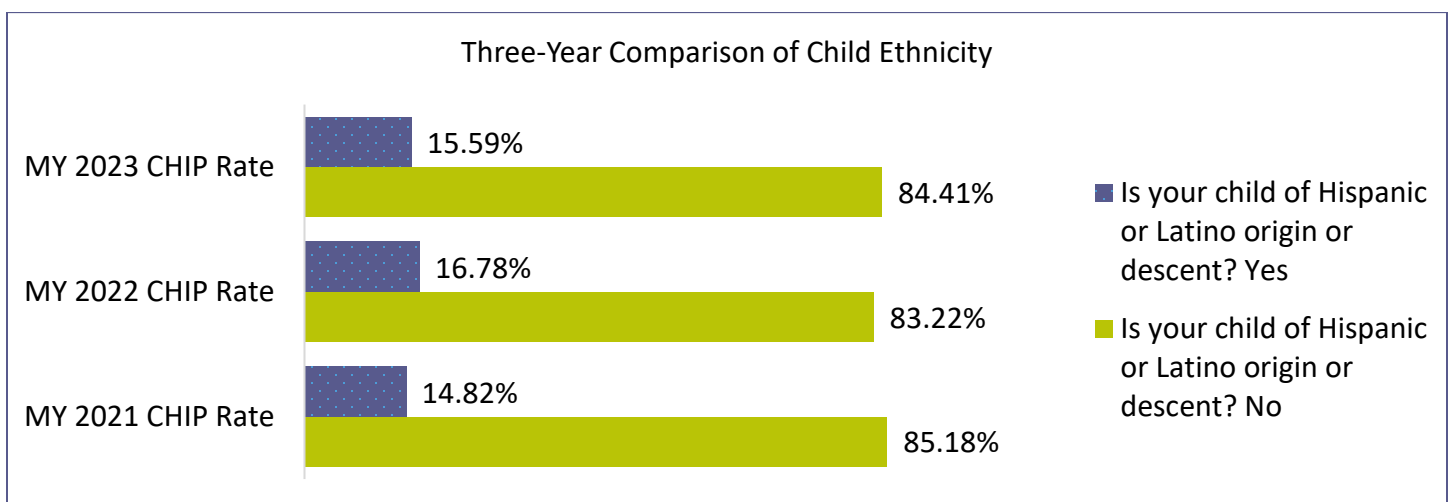


**Figure 33: Three-Year Comparison of Child Overall Health and Overall Mental or Emotional Health MY:** measurement year.

*A review of respondent assessments of “very good” or “excellent” overall health and overall mental or emotional health rates shows that the rates have declined from MY 2021 to MY 2023 and that respondents report higher rates of “very good” or “excellent” overall health compared to overall mental or emotional health for their child.*

### CAHPS Health Equity Measures

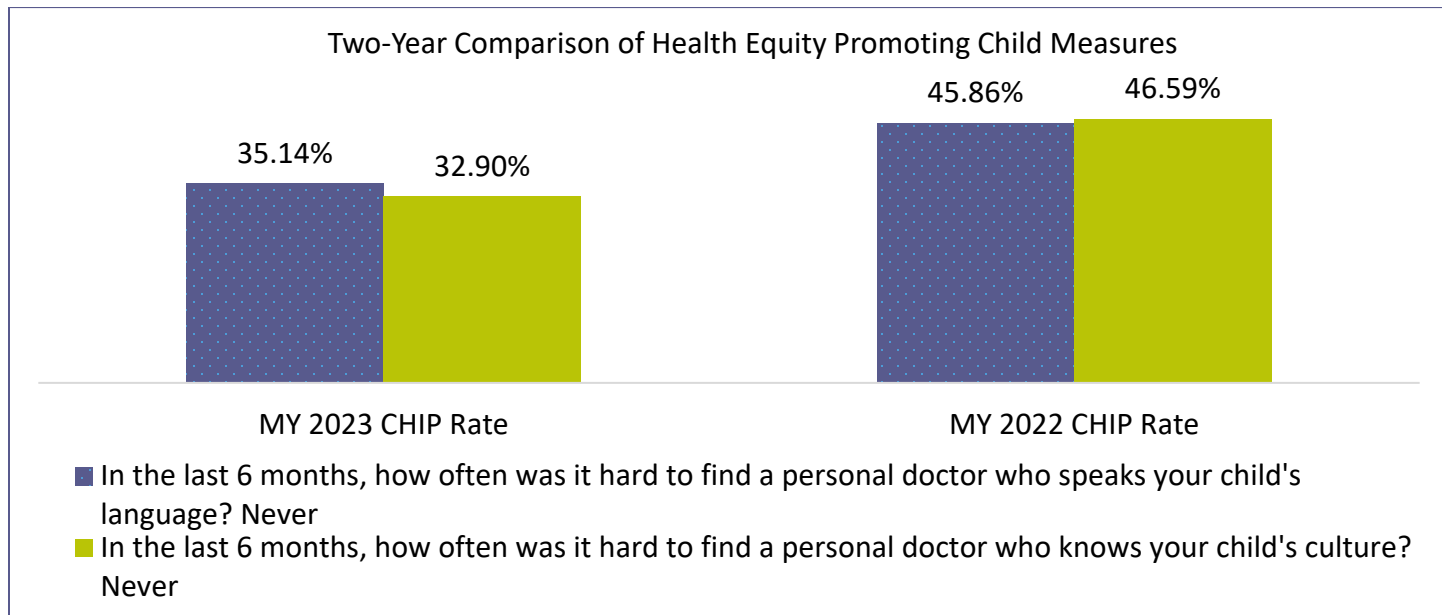
**Figure 34** shows a three-year comparison of responses to the question, “Is your child of Hispanic or Latino origin or descent?” The rate of respondents indicating “yes” has risen from 14.82% in MY 2021 to 15.59% in MY 2023.



**Figure 34: Three-Year Comparison of Child Ethnicity MY:** measurement year.



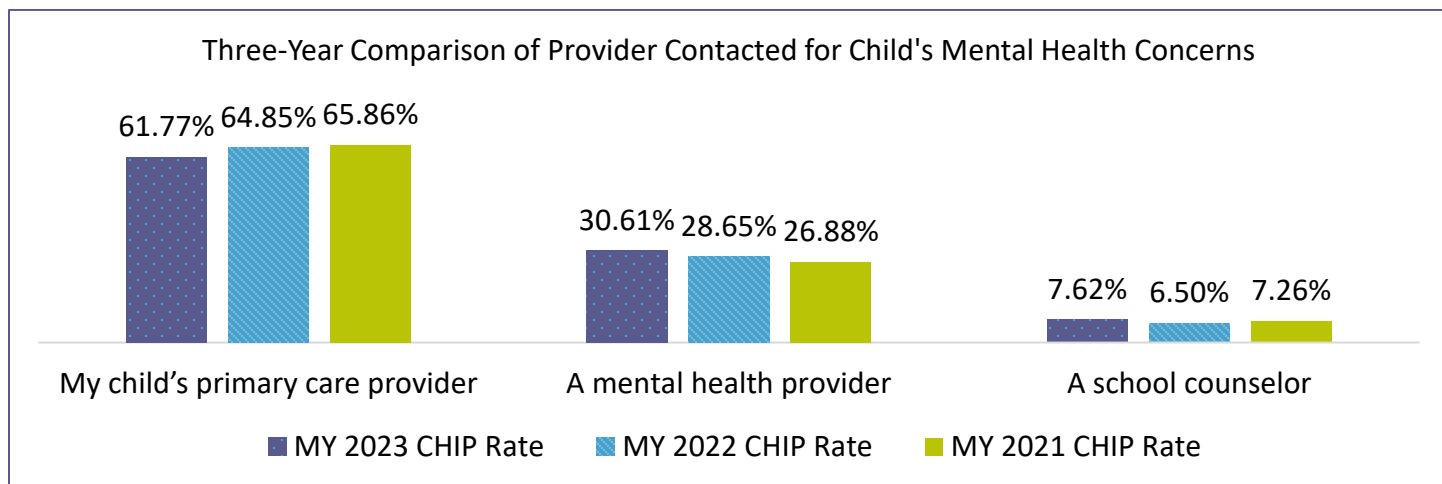
**Figure 35** shows a two-year comparison of the child health equity measures for which the respondent replied “never” to the questions, “In the last 6 months, how often was it hard to find a personal doctor who speaks your child’s language?” and “In the last 6 months, how often was it hard to find a personal doctor who knows your child’s culture?” The rate of respondents indicating that it was never hard to find a personal doctor that spoke their child’s language or knew their child’s culture in MY 2023 (35.14% and 32.90%, respectively) was lower than MY 2022 (45.86% and 46.59%, respectively).



**Figure 35: Two-Year Comparison of Health Equity Promoting Child Measures** MY: measurement year.

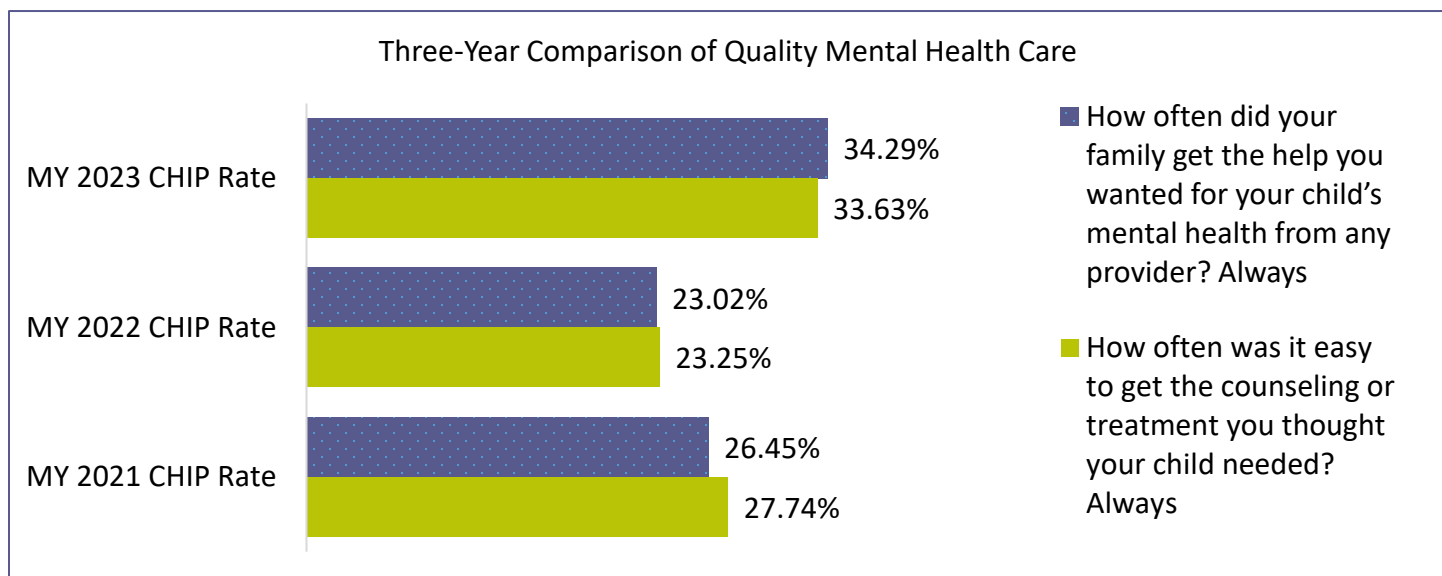
### CAHPS Mental Health Measures

**Figure 36** shows the rates of responses to the question, “If you were concerned about your child’s mental health, which provider would you be most likely to contact?” The rate of respondents indicating that they would contact a mental health provider has risen from 26.88% in MY 2021 to 30.61% in MY 2023.



**Figure 36: Three-Year Comparison of Mental Health Providers Contacted for Members** MY: measurement year.

**Figure 37** shows a three-year comparison of responses of “always” to the questions, “How often did your family get the help you wanted for your child’s mental health from any provider?” and “How often was it easy to get the counseling or treatment you thought your child needed?” The rate of respondents indicating that they felt they always received quality care for their child has risen across both items from MY 2021 to MY 2023.



**Figure 37: Three-Year Comparison of Quality Mental Health Care** MY: measurement year.

### *CAHPS Composite and Global Rating Measures*

The following section provides a comparative analysis of the CAHPS composite and global rating measures. The analysis spans MY 2021 to MY 2023 and includes:

- three years of trending rates for each MCO compared to the overall PA CHIP rate,
- MCO ranking by measure, and
- three years of trending rates for the overall PA CHIP rate per measure.

ABH Three-Year Rate Trends Compared to PA CHIP Overall Rates

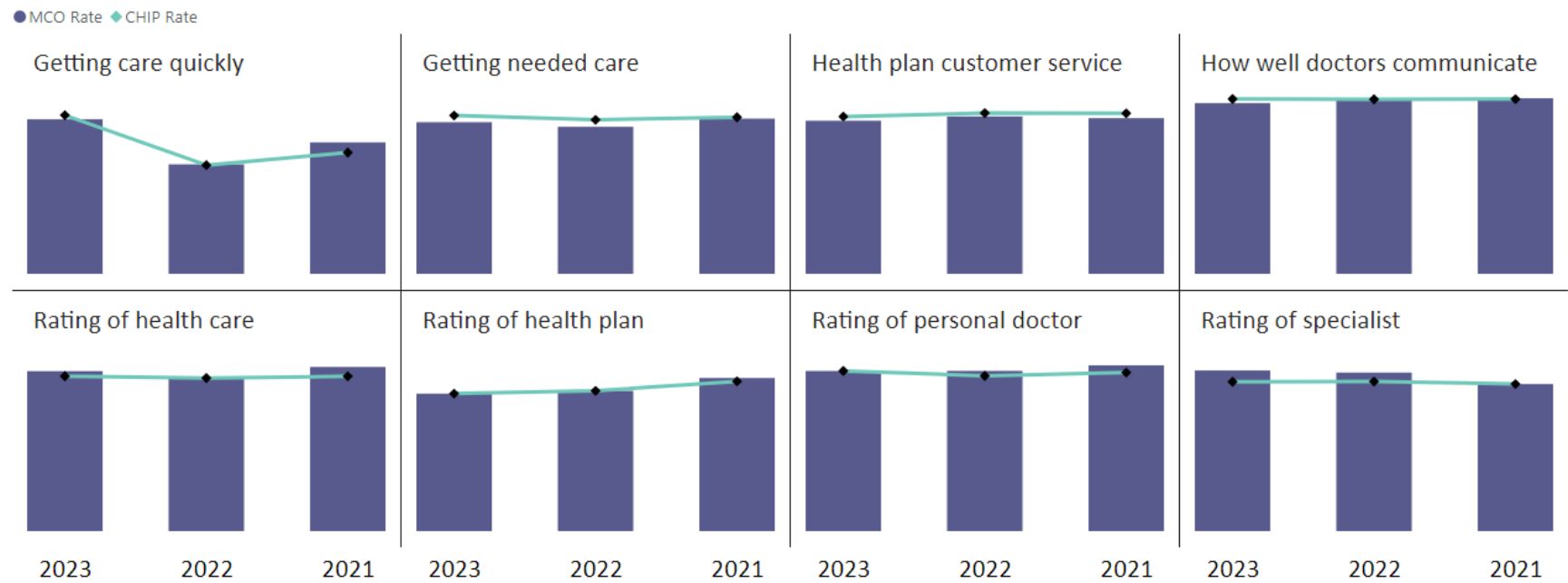


**Table 86** displays ABH’s child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 38** augments **Table 86** with a visual display of ABH’s child rates compared to the PA CHIP rates.

**Table 86: ABH and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 ABH Rate	MY 2023 CHIP Rate	MY 2022 ABH Rate	MY 2022 CHIP Rate	MY 2021 ABH Rate	MY 2021 CHIP Rate
Getting care quickly	84.96%	87.18%	60.17%	59.74%	72.26%	66.69%
Getting needed care	83.36%	87.01%	80.82%	84.62%	85.32%	86.06%
Health plan customer service	84.13%	86.45%	86.51%	88.36%	85.59%	88.19%
How well doctors communicate	93.80%	96.12%	95.96%	95.91%	96.53%	96.05%
Rating of all health care	87.97%	85.19%	84.21%	84.21%	90.28%	85.14%
Rating of health plan	75.62%	75.62%	77.16%	77.16%	84.20%	82.37%
Rating of personal doctor	88.07%	88.07%	88.11%	85.37%	91.17%	87.18%
Rating of specialist	88.36%	82.14%	87.21%	82.26%	80.88%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Table 86** indicates that ABH’s MY 2023 getting needed care and getting care quickly composite rates **increased** compared to MY 2022; however, health plan customer service and doctor communication **decreased**. ABH should aim to increase its health plan customer service and doctor communication rates to its MY 2022 rates of 86.51% and 95.96%, respectively.

ABH **increased** its global rating scores in MY 2023 compared to MY 2022 for rating of all health care and specialists. ABH should aim to increase its rating of personal doctor and health plan to its MY 2022 scores of 88.11% and 77.16%, respectively.

**Figure 38: ABH Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

CBC Three-Year Rate Trends Compared to PA CHIP Overall Rates

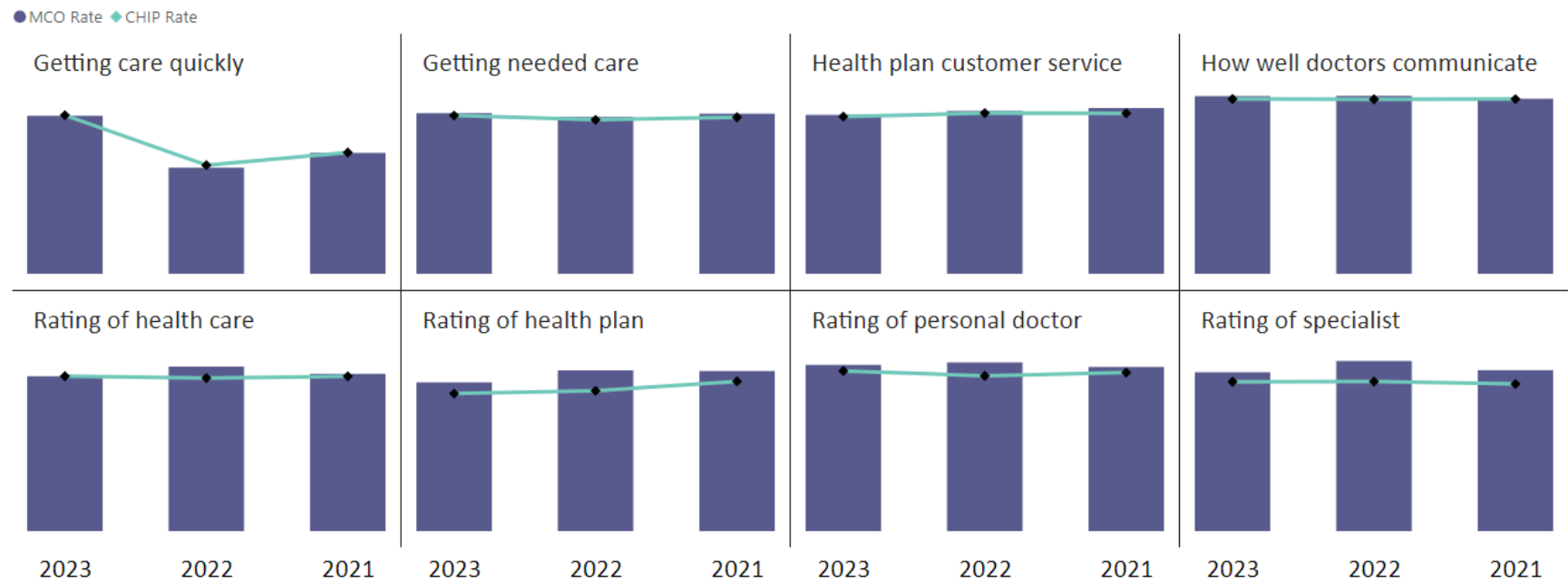


**Table 87** displays CBC’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 39** augments **Table 87** with a visual display of CBC’s child rates compared to the PA CHIP rates.

**Table 87: CBC and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 CBC Rate	MY 2023 CHIP Rate	MY 2022 CBC Rate	MY 2022 CHIP Rate	MY 2021 CBC Rate	MY 2021 CHIP Rate
Getting care quickly	86.87%	87.18%	58.33%	59.74%	66.47%	66.69%
Getting needed care	88.29%	87.01%	86.21%	84.62%	88.00%	86.06%
Health plan customer service	87.36%	86.45%	89.47%	88.36%	91.15%	88.19%
How well doctors communicate	97.67%	96.12%	97.80%	95.91%	96.26%	96.05%
Rating of all health care	85.19%	85.19%	90.51%	84.21%	86.50%	85.14%
Rating of health plan	81.82%	75.62%	88.41%	77.16%	88.03%	82.37%
Rating of personal doctor	91.40%	88.07%	92.78%	85.37%	90.27%	87.18%
Rating of specialist	87.37%	82.14%	93.55%	82.26%	88.52%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Figure 39: CBC Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

**Table 87** indicates that CBC’s MY 2023 getting care quickly and getting needed care rates **increased** and that rates for health plan customer service and how well doctors communicate **decreased**. CBC’s global rating scores for MY 2023 **decreased** compared to MY 2022. However, rating of health plan, rating of personal doctor, and rating of specialist were above the MY 2023 PA CHIP rates.

CBC should aim to improve members’ experience with how well doctors communicate and health plan customer service to affect members’ global ratings across all areas. Returning these rates to MY 2022 rates of 89.47% and 97.80%, respectively, will help achieve this.

GEI Three-Year Rate Trends Compared to PA CHIP Overall Rates

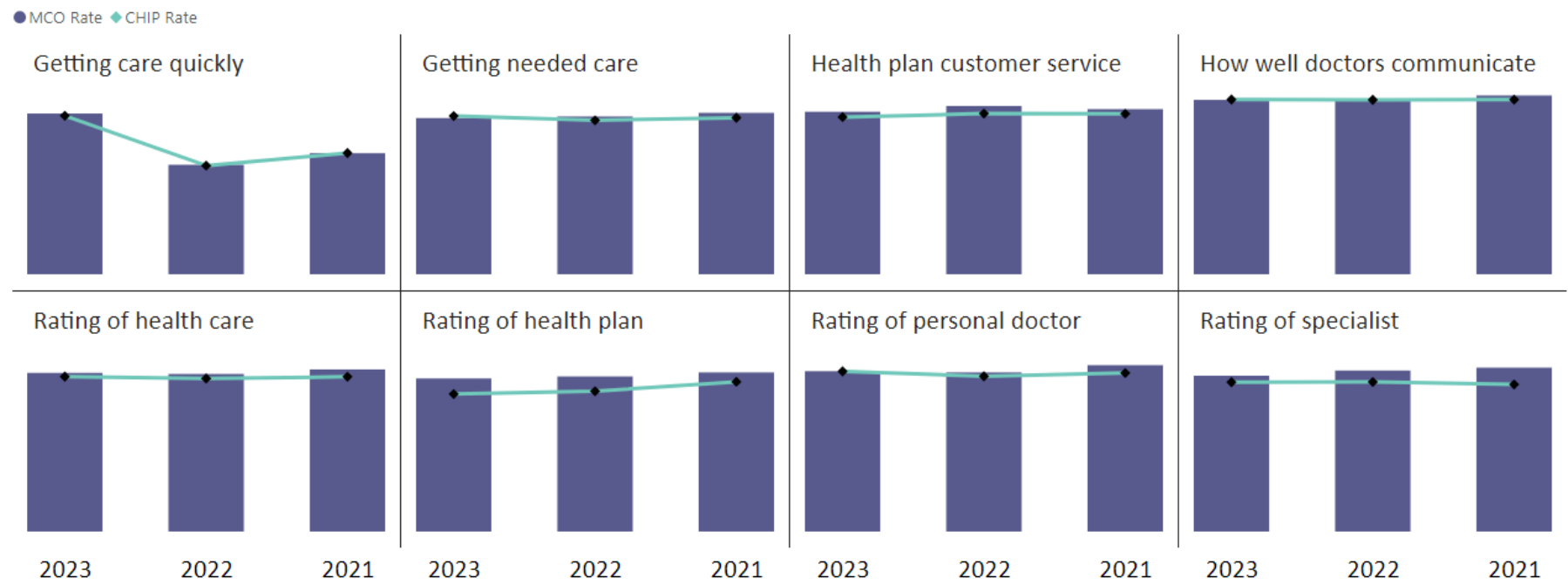


**Table 88** displays GEI’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 40** augments **Table 88** with a visual display of GEI’s child rates compared to the PA CHIP rates.

**Table 88: GEI and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 GEI Rate	MY 2023 CHIP Rate	MY 2022 GEI Rate	MY 2022 CHIP Rate	MY 2021 GEI Rate	MY 2021 CHIP Rate
Getting care quickly	88.41%	87.18%	60.22%	59.74%	66.58%	66.69%
Getting needed care	85.89%	87.01%	86.76%	84.62%	88.76%	86.06%
Health plan customer service	89.35%	86.45%	92.53%	88.36%	90.79%	88.19%
How well doctors communicate	95.89%	96.12%	96.04%	95.91%	98.33%	96.05%
Rating of all health care	87.26%	85.19%	86.67%	84.21%	89.13%	85.14%
Rating of health plan	84.18%	75.62%	85.30%	77.16%	87.50%	82.37%
Rating of personal doctor	88.21%	88.07%	87.50%	85.37%	91.50%	87.18%
Rating of specialist	85.71%	82.14%	88.57%	82.26%	90.14%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Table 88** indicates that GEI’s composite rates for getting care quickly **increased**, alongside global ratings for all health care and personal doctor. Composite scores getting needed care and how well doctors communicate **decreased** in MY 2023 compared to MY 2022, alongside global ratings for health plan and specialists.

GEI’s composite scores demonstrate needed improvement in the quality category in particular. GEI’s opportunity to improve lies with focusing on returning global rating rates for health plan and specialists to MY 2021 levels, 87.50% and 90.14%, respectively.

**Figure 40: GEI Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

HPP Three-Year Rate Trends Compared to PA CHIP Overall Rates

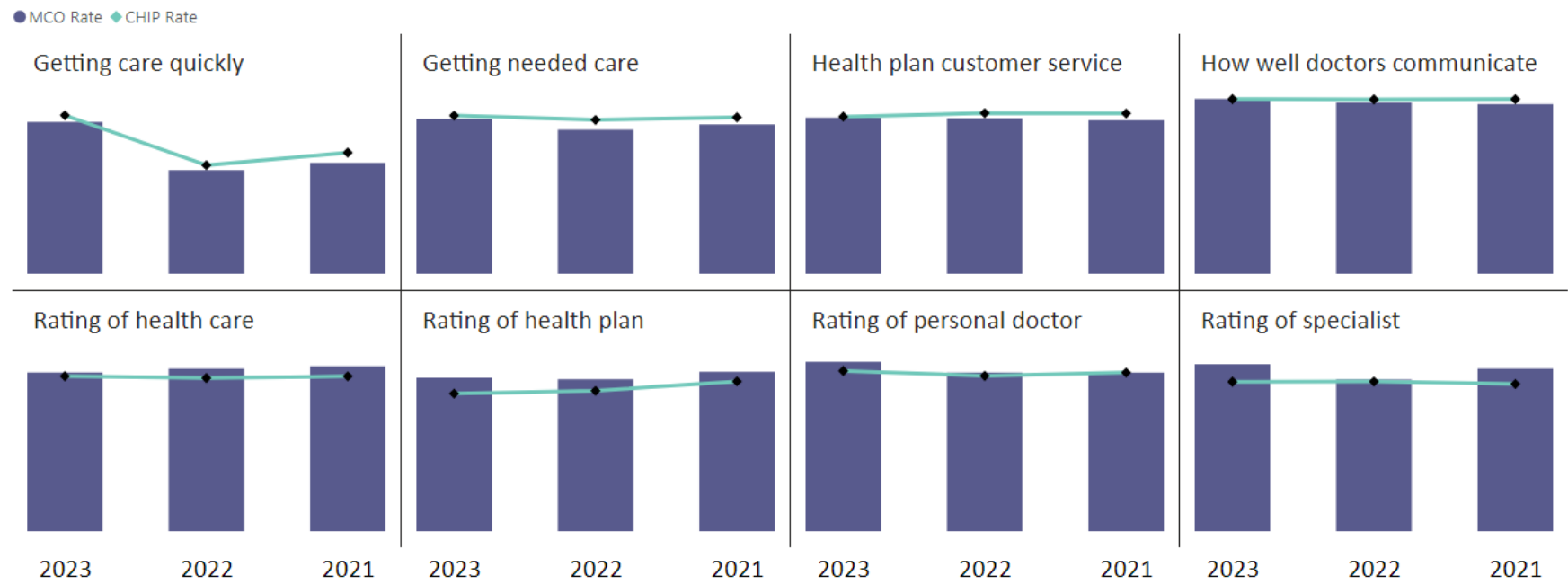


**Table 89** displays HPP’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 41** augments **Table 89** with a visual display of HPP’s child rates compared to the PA CHIP rates.

**Table 89: HPP and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 HPP Rate	MY 2023 CHIP Rate	MY 2022 HPP Rate	MY 2022 CHIP Rate	MY 2021 HPP Rate	MY 2021 CHIP Rate
Getting care quickly	83.50%	87.18%	57.03%	59.74%	60.99%	66.69%
Getting needed care	85.10%	87.01%	79.29%	84.62%	82.18%	86.06%
Health plan customer service	85.89%	86.45%	85.50%	88.36%	84.51%	88.19%
How well doctors communicate	96.22%	96.12%	94.26%	95.91%	93.36%	96.05%
Rating of all health care	87.23%	85.19%	89.34%	84.21%	90.68%	85.14%
Rating of health plan	84.35%	75.62%	83.50%	77.16%	87.61%	82.37%
Rating of personal doctor	93.09%	88.07%	87.21%	85.37%	87.18%	87.18%
Rating of specialist	91.80%	82.14%	83.33%	82.26%	89.36%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Table 89** indicates that HPP’s composite rates **increased** in all areas in MY 2023. HPP’s global rating scores also **increased** in MY 2023, except for rating of all health care.

HPP should aim to improve its members’ experience with getting care quickly and getting needed care, which, although improved, still came in below the MY 2023 PA CHIP rates. Increases in composite rates may affect increases for global rating scores for rating of all health care.

**Figure 41: HPP Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

HHK Two-Year Rate Trends Compared to PA CHIP Overall Rates



**Table 90** displays HHK’s Child CAHPS composite and global rating rates from MY 2022 to MY 2023. **Figure 42** augments **Table 90** with a visual display of HHK’s child rates compared to the PA CHIP rates. Rates for HHK became available in MY 2022, following a merger between former MCOs Highmark HMO, Highmark PPO, and First Priority Health (NEPA).

Table 90: HHK and PA CHIP Child CAHPS Composite and Global Rating Rates

Measure	MY 2023 HHK Rate	MY 2023 CHIP Rate	MY 2022 HHK Rate	MY 2022 CHIP Rate	MY 2021 HHK Rate	MY 2021 CHIP Rate
Getting care quickly	92.01%	87.18%	65.55%	59.74%	No rate available	66.69%
Getting needed care	91.59%	87.01%	85.00%	84.62%	No rate available	86.06%
Health plan customer service	90.50%	86.45%	92.48%	88.36%	No rate available	88.19%
How well doctors communicate	97.39%	96.12%	96.11%	95.91%	No rate available	96.05%
Rating of all health care	87.54%	85.19%	89.68%	84.21%	No rate available	85.14%
Rating of health plan	84.62%	75.62%	87.33%	77.16%	No rate available	82.37%
Rating of personal doctor	89.58%	88.07%	85.37%	85.37%	No rate available	87.18%
Rating of specialist	89.92%	82.14%	82.26%	82.26%	No rate available	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

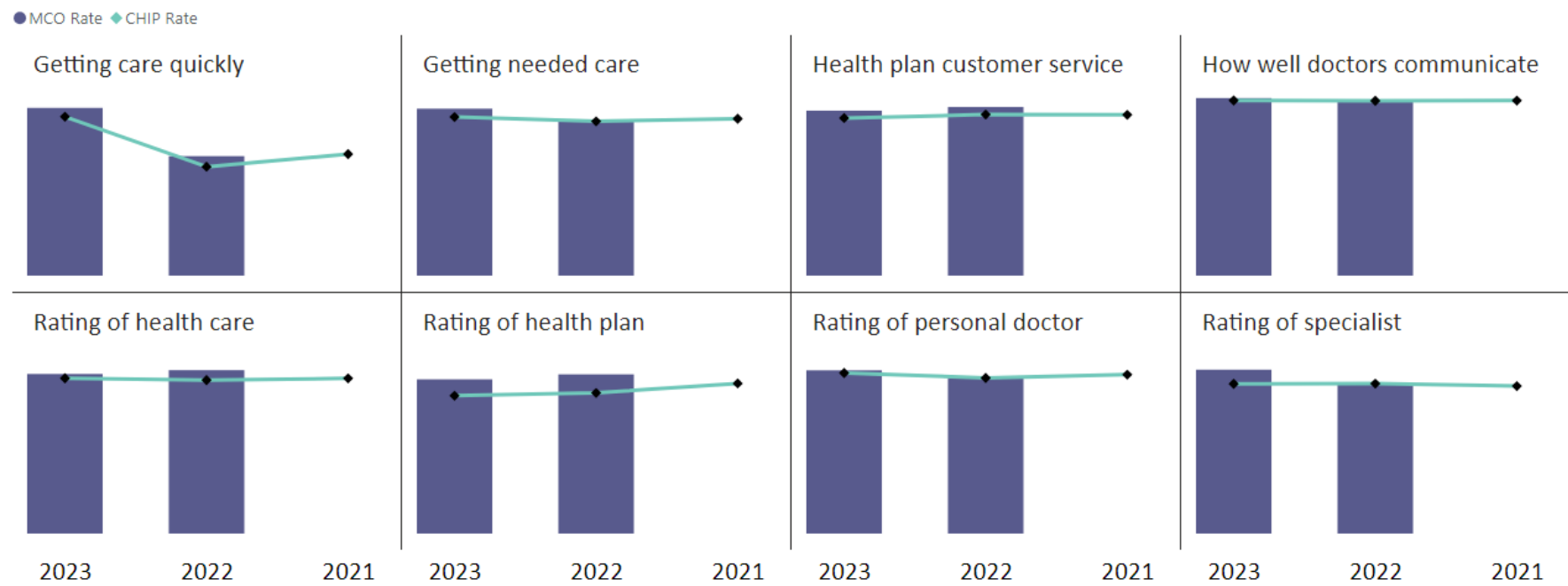


Figure 42: HHK Child CAHPS Rates from MY 2022 to MY 2023 per Measure with PA CHIP Rates

**Table 90** indicates that HHK’s composite rates **increased** in MY 2023, except for health plan customer service. HHK’s global rating scores **decreased** for all health care and health plan, while rating of personal doctor and rating of specialist **increased**.

HHK should aim to increase its health plan customer services rate to its MY 2022 rate of 92.48%. HHK should explore ways to improve members’ satisfaction with its health care and health plan.



IBC Three-Year Rate Trends Compared to PA CHIP Overall Rates

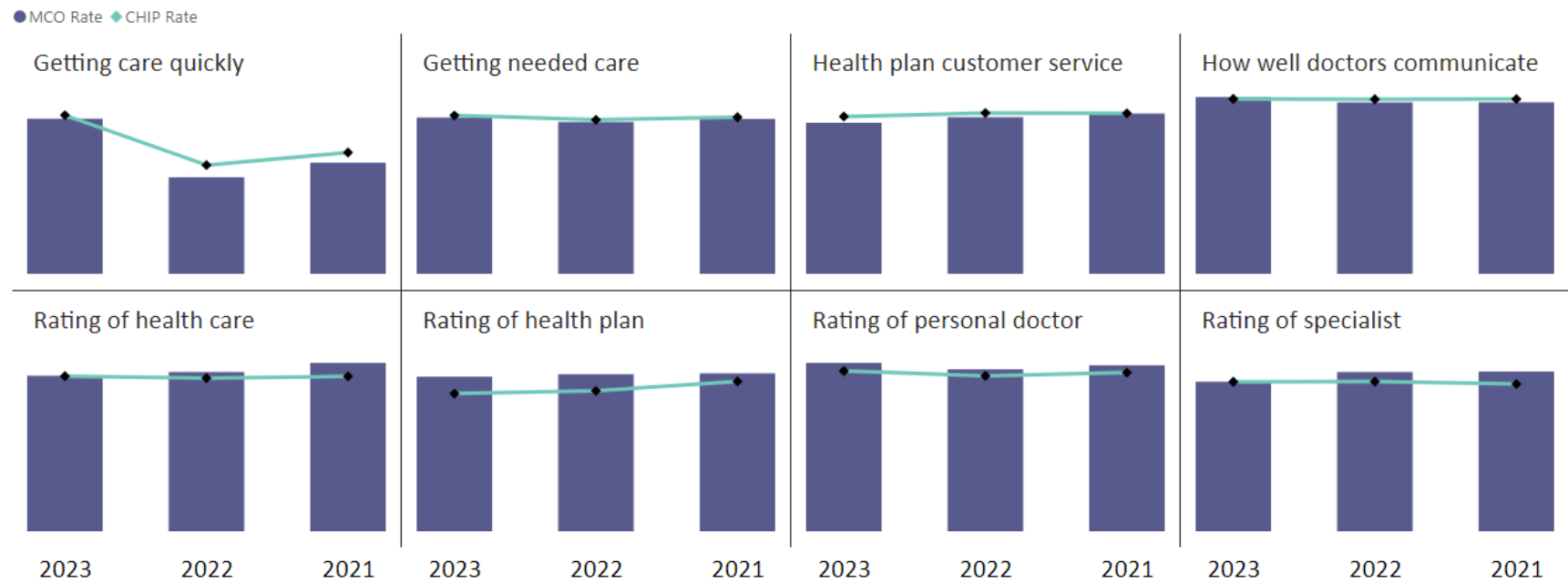


**Table 91** displays IBC’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 43** augments **Table 91** with a visual display of IBC’s child rates compared to the PA CHIP rates.

**Table 91: IBC and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 IBC Rate	MY 2023 CHIP Rate	MY 2022 IBC Rate	MY 2022 CHIP Rate	MY 2021 IBC Rate	MY 2021 CHIP Rate
Getting care quickly	85.23%	87.18%	53.02%	59.74%	61.09%	66.69%
Getting needed care	85.91%	87.01%	83.41%	84.62%	85.11%	86.06%
Health plan customer service	82.99%	86.45%	86.09%	88.36%	88.08%	88.19%
How well doctors communicate	97.19%	96.12%	94.19%	95.91%	94.25%	96.05%
Rating of all health care	85.48%	85.19%	87.50%	84.21%	92.54%	85.14%
Rating of health plan	84.96%	75.62%	86.27%	77.16%	86.80%	82.37%
Rating of personal doctor	92.54%	88.07%	89.00%	85.37%	91.24%	87.18%
Rating of specialist	82.14%	82.14%	87.50%	82.26%	87.76%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year



**Figure 43: IBC Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

**Table 91** indicates that IBC **increased** all composite rate scores, except health plan customer service MY 2023. IBC’s MY 2023 global rating scores **decreased** from MY 2022, except for rating of personal doctor. Despite these decreases, all of IBC’s global ratings were at or above the MY 2023 PA CHIP rates.

IBC should aim to increase its health plan customer service rates and work to bring them back in line with the MY 2022 and MY 2021 rates of 86.09% and 88.08%, respectively. This focus on customer service has the potential to increase global ratings for health care and health plan.



UHC Three-Year Rate Trends Compared to PA CHIP Overall Rates

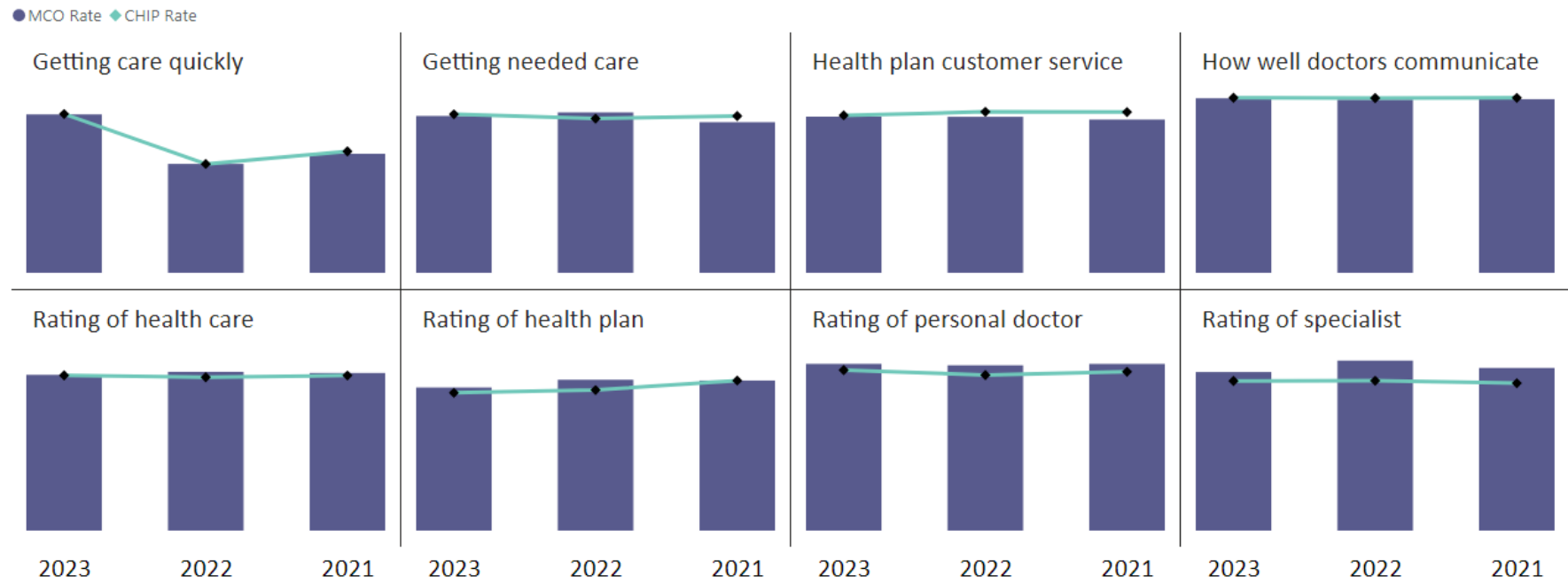


**Table 92** displays UHC’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 44** augments **Table 92** with a visual display of UHC’s child rates compared to the PA CHIP rates.

**Table 92: UHC and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 UHC Rate	MY 2023 CHIP Rate	MY 2022 UHC Rate	MY 2022 CHIP Rate	MY 2021 UHC Rate	MY 2021 CHIP Rate
Getting care quickly	86.93%	87.18%	59.77%	59.74%	65.33%	66.69%
Getting needed care	86.10%	87.01%	88.05%	84.62%	82.68%	86.06%
Health plan customer service	85.71%	86.45%	85.63%	88.36%	84.12%	88.19%
How well doctors communicate	95.79%	96.12%	95.06%	95.91%	95.31%	96.05%
Rating of all health care	85.50%	85.19%	87.12%	84.21%	86.53%	85.14%
Rating of health plan	78.53%	75.62%	82.81%	77.16%	82.37%	82.37%
Rating of personal doctor	91.53%	88.07%	90.72%	85.37%	91.51%	87.18%
Rating of specialist	87.01%	82.14%	93.33%	82.26%	89.29%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Figure 44: UHC Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

**Table 92** indicates that UHC **increased** its composite rates for customer service and getting care quickly, along with how well doctors communicate. UHC’s global rating score in MY 2023 also **increased** and outperformed the PA CHIP rate for rating of personal doctor. Global ratings of all health care, health plan, and specialist all **decreased** from MY 2022.

UHC should aim to increase getting needed care score to the MY 2022 rate of 88.05%. While UHC’s MY 2023 global ratings for health care, health plan, and specialists were above the PA CHIP rates, UHC should aim to increase these global ratings to the MY 2022 rates of 87.12%, 82.81%, and 93.33%, respectively.

UPMC Three-Year Rate Trends Compared to PA CHIP Overall Rates

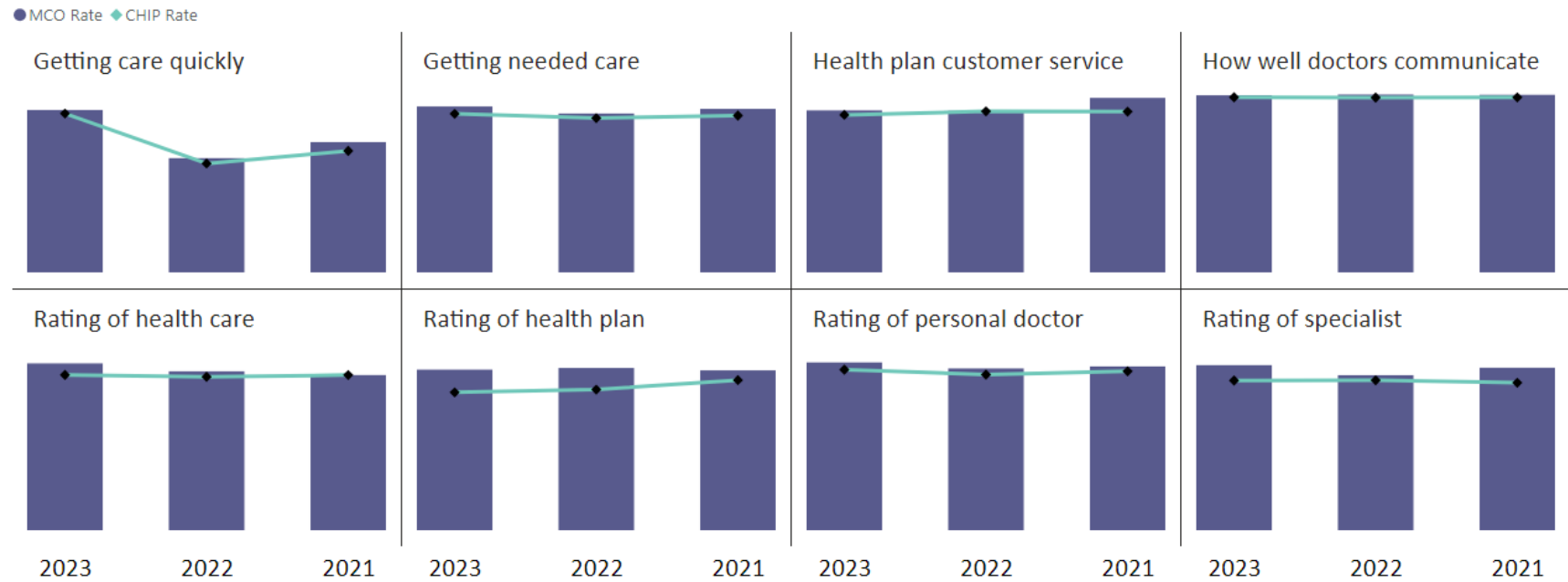


**Table 93** displays UPMC’s Child CAHPS composite and global rating rates from MY 2021 to MY 2023. **Figure 45** augments **Table 93** with a visual display of UPMC’s child rates compared to the PA CHIP rates.

**Table 93: UPMC and PA CHIP Child CAHPS Composite and Global Rating Rates**

Measure	MY 2023 UPMC Rate	MY 2023 CHIP Rate	MY 2022 UPMC Rate	MY 2022 CHIP Rate	MY 2021 UPMC Rate	MY 2021 CHIP Rate
Getting care quickly	89.09%	87.18%	62.69%	59.74%	71.47%	66.69%
Getting needed care	91.06%	87.01%	87.18%	84.62%	89.77%	86.06%
Health plan customer service	88.89%	86.45%	88.64%	88.36%	95.77%	88.19%
How well doctors communicate	97.21%	96.12%	97.62%	95.91%	97.46%	96.05%
Rating of all health care	91.54%	85.19%	87.20%	84.21%	85.14%	85.14%
Rating of health plan	88.10%	75.62%	89.07%	77.16%	87.70%	82.37%
Rating of personal doctor	92.05%	88.07%	88.79%	85.37%	89.86%	87.18%
Rating of specialist	90.58%	82.14%	85.07%	82.26%	89.19%	80.88%

PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.



**Figure 45: UPMC Child CAHPS Rates from MY 2021 to MY 2023 per Measure with PA CHIP Rates**

**Table 93** indicates that UPMC’s MY 2023 composite rates all **increased**, except for how well doctors communicate, which fell marginally from MY 2022. UPMC’s MY 2023 global rating scores all **increased**, except for rating of health plan. All UPMC’s MY 2023 rates were above the MY 2023 PA CHIP rates.

While the rate fell marginally, UPMC should aim to return to MY 2022 for how well doctors communicate. UPMC should also focus on ways to increase its global rating of health plan, aiming to return to MY 2022 rate of 89.07%.

MCO Ranking by CAHPS Measure



**Table 94** depicts the MY 2023 ranking of MCO Child CAHPS composite and global rating measures. The ranking level of “1st” indicates the MCO had the highest rate, demonstrating the best performance for that measure among all MCOs, while a ranking of “8th” indicates the MCO has the lowest rate.

**Table 94: MY 2023 Ranking of MCO by Child CAHPS Composite and Global Ranking Measures**

Ranking Level	Stars	Getting Care Quickly	Getting Needed Care	Health Plan Customer Service	How Well Doctors Communicate	Rating of All Health Care	Rating of Health Plan	Rating of Personal Doctor	Rating of Specialist
1st	★★★★★★★	HHK	HHK	HHK	CBC	UPMC	UPMC	HPP	HPP
2nd	★★★★★★★☆	UPMC	UPMC	GEI	HHK	ABH	IBC	IBC	UPMC
3rd	★★★★★★☆☆	GEI	CBC	UPMC	UPMC	HHK	HHK	UPMC	HHK
4th	★★★★★★☆☆☆	UHC	UHC	CBC	IBC	GEI	HPP	UHC	ABH
5th	★★★★☆☆☆☆	CBC	IBC	HPP	HPP	HPP	GEI	CBC	CBC
6th	★★★☆☆☆☆☆	IBC	GEI	UHC	GEI	UHC	CBC	HHK	UHC
7th	★★★☆☆☆☆☆	ABH	HPP	ABH	UHC	IBC	UHC	GEI	GEI
8th	★★☆☆☆☆☆☆	HPP	ABH	IBC	ABH	CBC	ABH	ABH	IBC

MY: measurement year; MCO: managed care organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems.

**Table 95** depicts the overall MCO ranking determined by the count of stars earned across all Child CAHPS composite and global ranking measures, with HHK ranking the highest overall.

**Table 95: Overall MCO Ranking for Child CAHPS Measures Results**

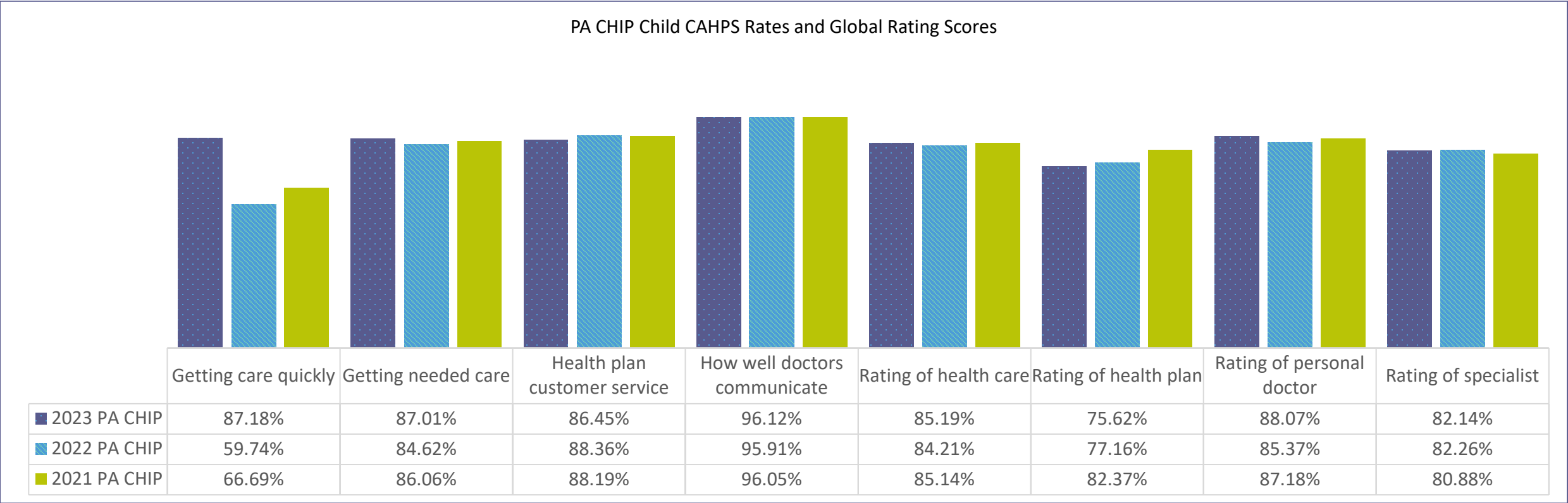
Overall Ranking	MCO	Count of 8 Stars ★★★★★★★	Count of 7 Stars ★★★★★★★☆	Count of 6 Stars ★★★★★★☆☆	Count of 5 Stars ★★★★★★☆☆☆	Count of 4 Stars ★★★★★★☆☆☆	Count of 3 Stars ★★★★★★☆☆☆	Count of 2 Stars ★★★★★★☆☆☆	Count of 1 Star ★★★★★★☆☆☆
1st	HHK	3	1	3	0	0	1	0	0
2nd	UPMC	2	3	3	0	0	0	0	0
3rd	HPP	2	0	0	1	3	0	1	1
4th	CBC	1	0	1	1	3	1	0	1
5th	IBC	0	2	0	1	1	1	1	2
6th	GEI	0	1	1	1	1	2	2	0
7th	ABH	0	1	0	1	0	0	2	4
8th	UHC	0	0	0	3	0	3	2	0

MCO: managed care organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems.

CHIP Three-Year Child CAHPS Rate Trends



**Figure 46** displays the PA CHIP Child CAHPS composite rates and global rating scores from MY 2021 to MY 2023. PA CHIP Child CAHPS rates have fluctuated over the three years; however, the composite rate indicating how well doctors communicate has consistently performed the highest, and the composite rate for getting care quickly has consistently performed the lowest. Three of the four PA Child CAHPS composite CAHPS rates increased in MY 2023 compared to MY 2022. Half of the global rating scores decreased.



**Figure 46: PA Child CAHPS Composite Rates and Global Rating Scores from MY 2021 to MY 2023** PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

Quality-of-Care Previous Recommendations, Plan Responses and Actions, and New Recommendations

Table 96 displays the prior year’s quality-of-care survey findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

Table 96: Quality-of-Care Survey Recommendations, Plan Responses and Actions, and New Recommendations

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	It is recommended that ABH improve health care, health plan, and personal doctor satisfaction within its membership. An additional focus should be improving access to mental and emotional health care for members.	Partially addressed	ABH should aim to improve its rating of personal doctor and health plan to its MY 2022 scores of 88.11% and 77.16%, respectively.
CBC	It is recommended that CBC improve access and availability of mental health care for members.	Addressed	CBC should aim to improve members’ experience with how well doctors communicate and health plan customer service to affect members’ global ratings across all areas. Returning these rates to MY 2022 rates of 89.47% and 97.80%, respectively, will help achieve this.
GEI	It is recommended that GEI work to improve satisfaction with health care and quality of mental health care for its members.	Addressed	GEI’s opportunity to improve lies with focusing on returning global rating rates for health plan and specialists to MY 2021 levels, 87.50% and 90.14%, respectively.
HPP	It is recommended that HPP improve health care, health plan, and specialist satisfaction within its membership. An additional focus should be improving access to mental and emotional health care for members.	Partially addressed	HPP should aim to improve its members’ experience with getting care quickly and getting needed care, which, although improved, still came in below the MY 2023 PA CHIP rates. Improvements in composite rates may affect improvements in global rating scores for rating of all health care.
HHK	It is recommended that HHK focus on improving member satisfaction with personal doctors and specialists.	Addressed	HHK should aim to improve its health plan customer services rate to its MY 2022 rate of 92.48%, respectively. HHK should explore ways to improve members’ satisfaction with health care and health plan.

MCO	Previous Recommendations	Plan Responses and Actions	New Recommendations
IBC	It is recommended that IBC improve satisfaction with health care, specialists, personal doctors, and health plan within its membership. An additional focus should be improving access to mental and emotional health care for members.	Partially addressed	IBC should aim to improve its health plan customer service rates and work to bring them back in line with the MY 2022 and MY 2021 rates of 86.09% and 88.08%, respectively. This focus on customer service has the potential to improve global ratings for health care and health plan.
UHC	It is recommended that UHC improve personal doctor satisfaction and access to mental and emotional health care for members.	Addressed	UHC should aim to improve getting needed care score to the MY 2022 rate of 88.05%. While UHC's MY 2023 global ratings for health care, health plan, and specialists were above the PA CHIP rates, UHC should aim to improve these global ratings to the MY 2022 rates of 87.12%, 82.81%, and 93.33%, respectively.
UPMC	It is recommended that UPMC focus on improving member satisfaction with personal doctors and specialists, as well as access to mental and emotional health care for members.	Partially addressed	UPMC should aim to return to MY 2022 for how well doctors communicate. UPMC should focus on ways to improve its global rating of health plan, aiming to return to MY 2022 rate of 89.07%.

MCO: managed care organization; PA: Pennsylvania; MY: measurement year.

CAHPS Member Experience Survey Aggregate Summary

Figure 47 provides an aggregated summary of CAHPS survey validation across all MCOs.

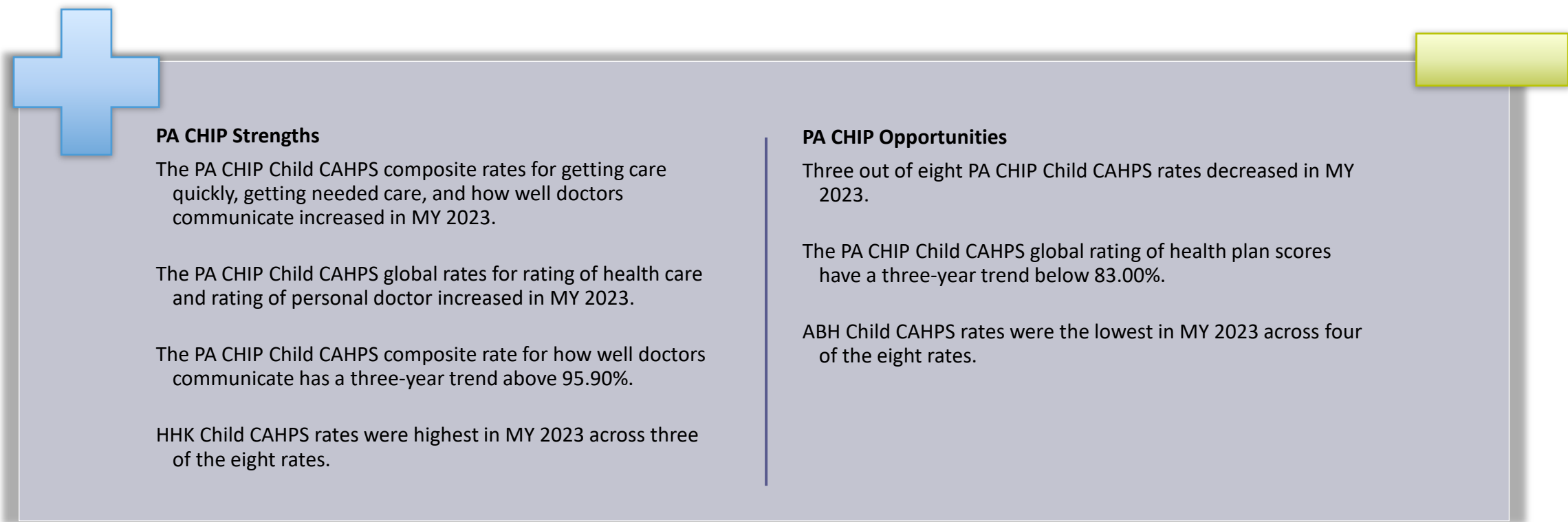


Figure 47: CAHPS Survey Member Experience Aggregate Findings PA: Pennsylvania; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year.

VIII. MCO Responses to the Previous EQR Recommendations

Objectives

Title 42 CFR § 438.364 External quality review results (a)(6) require each ATR include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year’s EQR.” Each section in the main body of this report concludes with a table summarizing IPRO’s previous recommendations, the MCOs’ responses and actions, and IPRO’s current recommendations for quality improvement. This section assesses the degree to which each CHIP-MCO has addressed the opportunities for improvement made by IPRO in the 2023–2024 reporting cycle EQR ATRs.

Technical Methods of Data Collection and Analysis

In May 2024, IPRO distributed standardized forms to MCOs with instructions to provide responses to EQR review elements that were identified as opportunities for improvement in the 2023–2024 review cycle ATR. The MCOs submitted the completed forms to IPRO in September 2024.

MCO Response to the Previous EQR Recommendations Data Collection

DHS requested that MCOs submit descriptions of current and proposed interventions using the opportunities for improvement form developed by IPRO to ensure that responses are reported consistently across all MCOs. Box 7 details the information captured by the Opportunities for Improvement form.

Box 7: Opportunities for Improvement Form Elements

The Opportunities for Improvement form follows a longitudinal format and captures information regarding:

- follow-up actions that the MCO has taken through June 30, 2024, to address each recommendation;
- future actions that are planned to address each recommendation;
- when and how future actions will be accomplished;
- the expected outcome or goals of the actions that were taken or will be taken; and
- the MCO’s process(es) for monitoring the action to determine the effectiveness of the actions taken.

MCO: managed care organization.

Figure 48 depicts the analysis criteria used to assess the degree to which the MCO’s response has effectively addressed the recommendations during the previous year’s EQR.

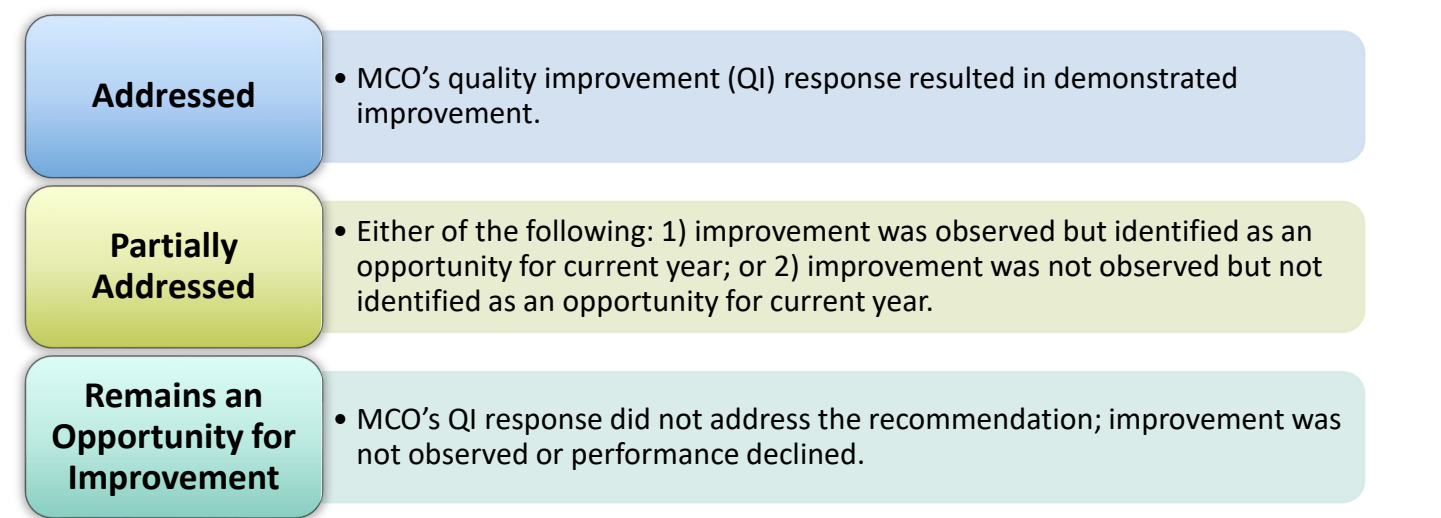


Figure 48: Assessment Determinations of MCO Response to the Previous ATR Recommendations MCO: managed care organization; ATR: annual technical review; QI: quality improvement.



Conclusions and Comparative Findings

IPRO assessed the MCOs’ responses with the same specificity used when making the initial assessment.

MCO Responses to Previous EQR Recommendations Findings

**Tables 97–136** display the MCOs’ responses to opportunities for improvement cited by IPRO in the 2023–2024 reporting cycle EQR ATRs, detailing current and proposed interventions. Additionally, the tables display IPRO’s assessment of the degree to which each MCO effectively addressed the recommendation.

**Table 97: ABH’s Responses to Previous EQR Recommendations and IPRO Assessment of ABH’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	ABH Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	The MCO’s final report should include a focus on robust barrier analysis for Indicator 8.
Barrier analysis, interventions, and monitoring: MCO response	ITM 8 is the dental webinar (available online only). This webinar reviews dental gaps in care reports, teledentistry, quality practice liaison (QPL) program, HEDIS and PAPM measures, provider website, Tobacco Cessation Certification. This intervention was retired in 2022 due to low provider participation. We utilize the quality practice liaison (QPL) program, Dental Director outreach, and provider education (website, newsletters, and provider fax blasts) for missed opportunities for preventative dental care in 2024 and will continue these interventions in 2025. Additionally, we have added dental education to the quarterly provider webinar series in 2024.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Partially addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	ABH Assessment Results
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; ITM: intervention tracking measure; HEDIS: Healthcare Effectiveness Data and Information Set; PAPM: Pennsylvania performance measures.

**Table 98: ABH’s Responses to Previous EQR Recommendations and IPRO Assessment of ABH’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	ABH Assessment Results
Project topic: IPRO recommendations	The MCO’s final report should provide an in-depth look at the reliability of the EPSDT/Bright Futures Compliance Report in their project, as well as rationale for the interpretation of Indicator 2 performance.
Project topic: MCO response	<p>The reliability of the Bright Futures Compliance Report was addressed in the final report submission and that element was indicated as being met.</p> <p>The Bright Futures Compliance Report was used to determine enrollees with elevated lead levels and that should be included in outreach. The Bright Futures Compliance Report relies on administrative claims submitted by providers. These claims are vetted by the plan for proper coding prior to payment and input into data systems and reporting.</p> <p>The interpretation of Indicator 2 performance was addressed in the final report submission and that element was indicated as being met.</p> <p>The percentage of enrollees with toxic lead levels was discussed and how this was achieved through Care Management outreach. Revision to this indicator will be reviewed for potential subsequent lead PIPs.</p>
Project topic: IPRO assessment of MCO response	Addressed
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	ABH Assessment Results
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; EPSDT: Early and Periodic Screening, Diagnostic, and Treatment.

**Table 99: ABH’s Responses to Previous EQR Recommendations and IPRO Assessment of ABH’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	ABH Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	It is recommended that ABH work to improve behavioral health care regarding follow-up after emergency department visits for mental illness.
Behavioral health: MCO response	ABH Kids provides many interventions to improve follow up care post ED visits for mental illness (FUM). In April of 2023 and ongoing into 2024, the care management (CM) team outreaches to enrollees going to the ED for behavioral health (BH) reasons using HIO (ADT) data and attempt to coordinate BH appointments. We added our non-emergent transportation benefit (NEMT) as a value-added benefit in 2024 which helps to assist with transportation to appointments. In January 2024, ABH Kids added telehealth vendor (ARRAY) to get appointments quickly for enrollees having difficulty finding providers with capacity and expanding to 2 more BH telehealth vendors in 2025. In January 2023, we focused on identifying BH providers to

Performance Measure Category and Review Element <sup>1</sup>	ABH Assessment Results
	add to our network to increase access to care. In 2024 and going forward we are adding contracts for school-based mental health services to provide better access to care. We initiated a biweekly BH access to services workgroup in 2023, where we monitor FUM data and identify new interventions to improve FUM measures. The activities mentioned will continue into 2025 and are monitored for effectiveness through our workgroup sessions.
Behavioral health: IPRO assessment of MCO response	Not addressed
Dental and oral health services: IPRO recommendations	It is recommended that ABH work to improve dental and oral health services, particularly focusing on dental sealant receipt for eligible members.
Dental and oral health services: MCO response	ABH Kids focuses on dental health by providing the following interventions: Away with Tooth Decay Program (PHDHP dental education through enrollee outreach and assistance with appointment scheduling), Summer of Smile (provider and enrollee incentive program), Dental Community Events, quality practice liaison (QPL) program, a transportation benefit (to assist with transportation barriers), and sealant mailers to enrollees. The programs were in effect in 2024 and will be looking to continue into 2025. All programs are monitored and analyzed by the Dental Director for effectiveness and programs revised as needed annually.
Dental and oral health services: IPRO assessment of MCO response	Not addressed
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	It is recommended that ABH work to improve maternal and perinatal health care with a focus on contraceptive care accessibility for its members.
Maternal and perinatal health: MCO response	ABH Kids enrollees have birth control a covered benefit. Our Maternity Matters Program includes care manager education regarding access to birth control options post-delivery. Our enrollee Maternity Magazine “Let’s Go Baby” is sent to expectant mothers that discusses and educates on post-delivery birth control. Our quality practice liaison (QPL) program provides offices education regarding the importance of discussing contraceptive options with enrollees and reviews coding tips to ensure all care rendered can be captured accurately. We have several educational resources available on our website and through our newsletters. Since 2020, all teens have access to maternal home visiting programs in their county and this is discussed prior to delivery with referrals made if accepted. All the above interventions are currently available for 2024 and will continue into 2025. In 2025, we will be developing an enrollee mailer that will reviewing their contraceptive benefits.
Maternal and perinatal health: IPRO assessment of MCO response	Not addressed
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A

Performance Measure Category and Review Element <sup>1</sup>	ABH Assessment Results
Prevention and screening: IPRO recommendations	No recommendations
Prevention and screening: MCO response	N/A
Prevention and screening: IPRO assessment of MCO response	N/A
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	It is recommended that ABH work to improve utilization, particularly focusing on outpatient visits for ambulatory care and well-child visits for members ages 15–30 months.
Utilization: MCO response	We currently have the following interventions in place: provider pay for quality (P4Q) program (which was revamped to include a tiered payment system for 2024 and 2025), telephonic outreach for well care visits, texting campaigns, transportation benefit (for assistance in getting to appointments), and our quality practice liaison (QPL) program. ABH Kids will be focusing on W30 in Q1 – Q2 2025. We will research and potentially implement an enrollee incentive in 2025 for well care visits. We monitor preventative care through our gaps in care reports that are provided to our practitioners on a routine basis. This allows us to discuss and review any enrollees who have not been in for well care visits. We complete an annual medical record review to continue to collaborate with providers to ensure care is being completed. Care Management reviews gaps in care and attempts to close gaps through assistance of appointment coordination and transportation for appointments for all enrollees receiving care management services.
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; W30: Healthcare Effectiveness Data and Information Set measure, Well-Child Visits in the First 30 Months of Life; HIO: health information organization; ADT: admission, discharge, and transfer; PHDHP: public health dental hygiene practitioner.

**Table 100: ABH’s Responses to Previous EQR Recommendations and IPRO Assessment of ABH’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	ABH Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A

Compliance Subpart and Review Element <sup>1</sup>	ABH Assessment Results
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 101: ABH’s Responses to Previous EQR Recommendations and IPRO Assessment of ABH’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	ABH Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that ABH improve health care, health plan, and personal doctor satisfaction within its membership.
Child survey – your child’s health plan: MCO response	We have identified several interventions to research and implement including enrollee rights education to providers through webinars, ongoing provider directory clean up, additional provider expansion with focus in rural areas, provider, and enrollee education available in waiting rooms and provider offices, and health literacy education. These interventions will be addressed and available in 2025. We have a CAHPS/BH workgroup that meets routinely to discuss interventions and implement new strategies. The workgroup involves an interdisciplinary approach to ensure effectiveness and implementation of interventions with the goal being to improve enrollee satisfaction, provider expansion, enrollee and provider education, and health literacy across all departments. These actions are tracked through an improvement action plan that is reviewed by the CAHPS/BH workgroup at least monthly.
Child survey – your child’s health plan: IPRO assessment of MCO response	Partially addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that ABH focus on improving access to mental and emotional health care for members.
Child survey – your child’s health care plan in the last 6 months: MCO response	We have identified several interventions to research and implement including a mini focus group, parent education regarding benefits of therapy and therapy expectations, provider education regarding LGBTQ+ community and treatment plans, enrollee education, and health literacy. These interventions will be addressed and available in 2025. We have a CAHPS/BH workgroup that meets routinely to discuss interventions and implement new strategies. The workgroup involves an interdisciplinary approach to ensure effectiveness and



Survey Element and Review Element <sup>1</sup>	ABH Assessment Results
	implementation of interventions with the goal being to improve enrollee satisfaction, provider and enrollee education, and health literacy across all departments. These actions are tracked through an improvement action plan that is reviewed by the CAHPS/BH workgroup at least monthly.
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Partially addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; BH: behavioral health.

**Table 102: CBC’s Responses to Previous EQR Recommendations and IPRO Assessment of CBC’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	CBC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	It is recommended that the MCO perform another barrier analysis and subsequent development or modification of new interventions related to Indicator 2, “Total Eligible Members Receiving Preventive Dental Services.”
Barrier analysis, interventions, and monitoring: MCO response	<p>Capital launched an email campaign to members with an email address on file and sent messages to members about the importance of dental care and a dental provider tool. The first email in the campaign was sent 2/21/2023 and generated the most clicks in any of Capital’s previous email campaigns. The second email in the campaign was sent 8/24/2023 and also showed high open and click-through rates. Additionally, other member communications include a member newsletter which was distributed in Fall 2023. Capital included messaging about dental visits for CHIP parents and guardians and information about the provider finder to locate a dentist for their child.</p> <p>During the 2023 measurement year, Capital partnered with Star Community Health in Allentown, Pa. to offer a dental screening event on 12/28/23 to CHIP families. Using Star’s resources – two dentists, support staff, and a dental motorcoach – Capital contacted families living in the Allentown area who had multiple children enrolled in CHIP and had multiple dental gaps to be scheduled for appointments with Star’s providers. The event offered 18 appointment times between the two providers and all slots were booked. The collaboration with Star Community Health continues into 2024 with three community dental events on August 5-7, 2024 and other events in planning for fourth quarter 2024. Capital is collaborating with other federally qualified health centers to bring events to more communities, with details to be determined.</p>

Review Element and Assessment Steps <sup>1</sup>	CBC Assessment Results
	Capital utilized provider-based interventions by leveraging existing relationships with health systems primary care organizations that are in value-based, accountable care arrangements. Capital tracked the attribution rate of those members who are attributed to providers that are in a value-based arrangement as well as the compliance rate for the annual dental visit measure of those attributed members. Articles on dental visits are provided in provider bulletins and compliance data is included on quality reports. While, neither ADV nor OED measure are included in the value-based contracts with health systems many contracts include well child visit measures. Historically, dental care and screenings have not been incentivized for providers, but Capital is evaluating the potential for future consideration. Additionally, Capital is exploring other methods of provider outreach and messaging to dental providers to drive improvement with regular dental exams.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; ADV: Healthcare Effectiveness Data and Information Set measure, Annual Dental Visits; OED: Healthcare Effectiveness Data and Information Set measure, Oral Evaluation, Dental Services.

**Table 103: CBC’s Responses to Previous EQR Recommendations and IPRO Assessment of CBC’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	CBC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A



Review Element and Assessment Steps <sup>1</sup>	CBC Assessment Results
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	It is recommended that the MCO discuss how often the new intervention's work group will be reviewing intervention performance in the next PIP submission. CBC should also consider including an ITM that measures the total number of members who received blood lead screening after lead campaign email was sent to members.
Barrier analysis, interventions, and monitoring: MCO response	Capital is preparing to launch an at-home blood lead testing initiative which is slated to start in the fourth quarter 2024 and will continue through 2025. Capital will identify members less than 2 years old and non-compliant for the lead screening measure. The member's parent or guardian will receive a blood lead testing kit with instructions for collecting and returning the specimen. Progress will be monitored quarterly by Capital's CHIP workgroup. This workgroup is a cross-functional team represented by individuals from various business units including analytics and reporting, government programs, and population health.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 104: CBC’s Responses to Previous EQR Recommendations and IPRO Assessment of CBC’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	CBC Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	It is recommended that CBC work to improve access to and availability of care for dental services.
Dental and oral health services: MCO response	<ul style="list-style-type: none"> <li>Capital has held 3 Dental Events with Star Community Health &amp; their Dental Van. Next event December 2024</li> <li>Capital is reaching out to other FQHC’s to hold Dental Events for our members based on strategic areas of need.</li> </ul>
Dental and oral health services: IPRO assessment of MCO response	Partially addressed
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	No recommendations
Maternal and perinatal health: MCO response	N/A
Maternal and perinatal health: IPRO assessment of MCO response	N/A
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A
Prevention and screening: IPRO recommendations	It is recommended that CBC work to improve in areas of prevention and screening. Childhood immunizations and developmental screenings are areas that the MCO should focus on.
Prevention and screening: MCO response	The MCO did not provide a response.
Prevention and screening: IPRO assessment of MCO response	Not addressed
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A

Performance Measure Category and Review Element <sup>1</sup>	CBC Assessment Results
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	It is recommended that CBC work to improve ambulatory care emergency department and outpatient utilization.
Utilization: MCO response	Capital featured an article in the Member Newsletter on the appropriate use of the ER, Urgent Care and PCP. Capital has updated our new member Quick Start Guide to include specifics in terms of ER, UC and PCP care.
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; FQHC: federally qualified health center; ER: emergency room; PCP: primary care physician; UC: urgent care.

**Table 105: CBC’s Responses to Previous EQR Recommendations and IPRO Assessment of CBC’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	CBC Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 106: CBC’s Responses to Previous EQR Recommendations and IPRO Assessment of CBC’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	CBC Assessment Results
Child survey – your child’s health plan: IPRO recommendations	No recommendations
Child survey – your child’s health plan: MCO response	N/A
Child survey – your child’s health plan: IPRO assessment of MCO response	N/A
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that CBC improve access and availability of mental health care for members.
Child survey – your child’s health care plan in the last 6 months: MCO response	Capital is moving their Behavioral Health Operations in-house 01/01/25. We are featuring Explanation of Benefit messaging surrounding children’s physical and emotional health encouraging visits. Q4 of 2024, Capital is adding a “mental health” corner to our CHIP event table.
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; Q4: fourth quarter.

**Table 107: GEI’s Responses to Previous EQR Recommendations and IPRO Assessment of GEI’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	GEI Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	The MCO’s final report should include additional details surrounding the interventions detailed in their interim report.
Barrier analysis, interventions, and monitoring: MCO response	Geisinger’s final CHIP PIP submission for Improving Access to Pediatric Preventive Dental Care included additional details and expanded narrative surrounding the interventions in the interim report.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Addressed
Results: IPRO recommendations	No recommendations

Review Element and Assessment Steps <sup>1</sup>	GEI Assessment Results
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 108: GEI’s Responses to Previous EQR Recommendations and IPRO Assessment of GEI’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	GEI Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	The MCO’s final report should include comprehensive timelines for all indicators, revised barriers and/or interventions to cohesion of the aim of the project, and complete data for all ITMs for associated interventions.
Barrier analysis, interventions, and monitoring: MCO response	Geisinger’s final PIP submission for Improving Blood Lead Screening Rate in Children included comprehensive timelines for all indicators, revised barriers and/or interventions to cohesion of the aim of the project. Geisinger also submitted complete data for all ITMs for the associated interventions.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Partially addressed
Results: IPRO recommendations	No recommendations

Review Element and Assessment Steps <sup>1</sup>	GEI Assessment Results
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; ITM: intervention tracking measure.

**Table 109: GEI’s Responses to Previous EQR Recommendations and IPRO Assessment of GEI’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	GEI Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	No recommendations
Dental and oral health services: MCO response	N/A
Dental and oral health services: IPRO assessment of MCO response	N/A
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A

Performance Measure Category and Review Element <sup>1</sup>	GEI Assessment Results
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	No recommendations
Maternal and perinatal health: MCO response	N/A
Maternal and perinatal health: IPRO assessment of MCO response	N/A
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A
Prevention and screening: IPRO recommendations	It is recommended that GEI work to improve in areas of prevention and screening. Developmental screening, immunizations for adolescents, weight assessment and counseling for nutrition and physical activity are all areas that the MCO should focus on.
Prevention and screening: MCO response	Geisinger is currently working with provider groups and members to increase education and compliance for the above metrics. The Quality and Accreditation Department offers provider meetings to educate groups around requirements for appropriate administrative and hybrid collection of these measures. When necessary, Geisinger will meet with provider groups to discuss measure trends, results of member outreach efforts, and highlight best practices/incentives for having members complete services. Geisinger has developed various outreach methodologies to members for education and assist with scheduling of visits for the above metrics; also highlighting member incentives when appropriate. Increased communication and education through member and provider newsletters. Geisinger will continue to monitor trending data and rate performance to monitor trending progress for the above measures.
Prevention and screening: IPRO assessment of MCO response	Partially addressed
Respiratory conditions: IPRO recommendations	It is recommended that GEI work to improve testing for respiratory conditions, particularly ensuring appropriate testing for pharyngitis.
Respiratory conditions: MCO response	Geisinger is currently working with provider groups and members to increase education and compliance for the above metrics. The Quality and Accreditation Department offers provider meetings to educate groups around requirements for appropriate administrative and hybrid collection of these measures. When necessary, Geisinger will meet with provider groups to discuss measure trends, results of member outreach efforts, and highlight best practices/incentives for having members complete services. Working with marketing and provider account liaisons to create new and updated content for provider newsletters. Geisinger will continue to monitor trending data and rate performance to monitor trending progress for the above measures.
Respiratory conditions: IPRO assessment of MCO response	Not addressed
Utilization: IPRO recommendations	It is recommended that GEI work to improve well-child and well-care visits, as well as ambulatory care emergency department and outpatient utilization.



Performance Measure Category and Review Element <sup>1</sup>	GEI Assessment Results
Utilization: MCO response	Geisinger is currently working with provider groups and members to increase education and compliance for the above metrics. The Quality and Accreditation Department offers provider meetings to educate groups around requirements for appropriate administrative and hybrid collection of these measures. When necessary, Geisinger will meet with provider groups to discuss measure trends, results of member outreach efforts, and highlight best practices/incentives for having members complete services. Case Management and Risk Adjustment departments also attend provider group meetings. Geisinger has developed various outreach methodologies to members for education and assist with scheduling of visits for the above metrics; also highlighting member incentives when appropriate. Increased communication and education through member and provider newsletters. Geisinger will continue to monitor trending data and rate performance to monitor trending progress for the above measures.
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 110: GEI’s Responses to Previous EQR Recommendations and IPRO Assessment of GEI’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	GEI Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A



<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
 EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 111: GEI’s Responses to Previous EQR Recommendations and IPRO Assessment of GEI’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	GEI Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that GEI work to improve satisfaction with health care.
Child survey – your child’s health plan: MCO response	<p>We have put more focus on member experience in several ways over recent years. The GHP Member Experience Committee (MEC), which meets monthly, monitors, evaluates, and implements strategies to respond to member needs. The Committee systematically assesses indicators that identify opportunities for improvement and implements appropriate interventions as needed to ensure that Members receive optional care and service from the Plan and across the GHP provider network.</p> <p>The GHP MEC is fed by drilldown reviews done as part of the GHP Member Experience Home Team. This team evaluates CAHPS and other survey data for opportunities for improvement and drives action from those analyses.</p>
Child survey – your child’s health plan: IPRO assessment of MCO response	Addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that GEI work to improve the quality of mental health care for its members.
Child survey – your child’s health care plan in the last 6 months: MCO response	<p>GHP members complete satisfaction surveys regarding quality and availability of mental health services. GHP’s goal is to identify and maintain high quality mental health providers for our members.</p> <p>GHP is trying to bring in-network for CHIP two virtual provider partners whose mental health clinicians only treat children/adolescents. In addition, we are in process of negotiating with [CHIP] to bring the SOAR program in network, which is an integrated, program providing naturalistic ABA therapy, speech/occupational/physical therapy and pediatric specialist care (e.g. GI) for children with autism spectrum disorder under 5 years of age. The target goal for these actions is Q1 2025.</p> <p>We anticipate enhanced access, higher rates of service connection, strengthen adoption of measurement-based care, and enhanced performance on select HEDIS quality measures (e.g. 7 day and 30-day follow-up post hospitalization).</p> <p>GHP Behavioral Health Leadership will meet with both virtual provider vendors to review population level data on CHIP membership. We will focus on appointment availability, time between intake and follow up appointments, and effectiveness of mental health therapy/coaching.</p>

Survey Element and Review Element <sup>1</sup>	GEI Assessment Results
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; GHP: Geisinger Health Plan; CAHPS: Consumer Assessment of Healthcare Providers and Systems; Q1: first quarter; HEDIS: Healthcare Effectiveness Data and Information Set; ABA: applied behavior analysis; GI: gastrointestinal.

**Table 112: HPPs Responses to Previous EQR Recommendations and IPRO Assessment of HPP’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	HPP Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	HPP Assessment Results
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 113: HPP’s Responses to Previous EQR Recommendations and IPRO Assessment of HPP’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	HPP Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	Final PIP submissions should include a further development of subcategories for ITM 1, focusing on outreach efforts for this intervention.
Barrier analysis, interventions, and monitoring: MCO response	In the Final PIP submission, additional information was provided in the Discussion section, highlighting the efforts taken for ITM1, which includes outreach to members due for lead screening to offer in-home appointments.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Partially addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	HPP Assessment Results
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; ITM: intervention tracking measure.

**Table 114: HPP’s Responses to Previous EQR Recommendations and IPRO Assessment of HPP’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	HPP Assessment Results
Access to/Availability of care: IPRO recommendations	It is recommended that HPP work to improve access to and availability of care for annual dental visits.
Access to/Availability of care: MCO response	<p>The following follow-up actions have been taken with the intended outcome of improving the Access to/Availability of Care measures in MY2024:</p> <p><b><u>Annual Dental Visits:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Vendor Outreach:</b> Outreach calls (via outreach and scheduling vendor) to pediatric members ages 2-19 years to schedule annual dental appointments. <ul style="list-style-type: none"> <li>○ In Q3 2024, our vendor is conducting targeted outreach to members with developmental disabilities without an established dental home to assist with finding a dental provider who self-attests to being a special needs provider and scheduling a dental exam.</li> </ul> </li> <li>• <b>Dental Rewards Program:</b> HPP members ages 0-19 years that complete a dental exam are eligible for a prepaid debit card through the HPP Rewards program.</li> <li>• <b>Care Gap Report:</b> Dental providers with members who have previously been seen by their dental practice but are now noncompliant for dental services, are encouraged use of member care gap lists for outreach and scheduling for a dental visit and/or preventive services. Support, including progress reports, for participating providers is provided.</li> <li>• <b>Member Newsletter:</b> Article “Why Are Dental Visits Important?” included in the Summer 2024 edition.</li> <li>• <b>Community Dental Events:</b> HPP partners with community dental vans to hold summer events based on targeted zip codes where high volumes of members are overdue for a dental exam.</li> <li>• <b>Dental P4P Program:</b> HPP’s Dental P4P Program is an incentive program that rewards dental practice’s performance for delivering preventive dental services to their HPP patients.</li> </ul> <p>This measure will be monitored monthly for improvement through an internal HEDIS/EQR surveillance dashboard during Quality Improvement Committee (QIC) meetings.</p>
Access to/Availability of care: IPRO assessment of MCO response	Not addressed

Performance Measure Category and Review Element <sup>1</sup>	HPP Assessment Results
Behavioral health: IPRO recommendations	It is recommended that HPP work to improve behavioral health care with a focus on follow-up care for children prescribed ADHD medication in the initiation phase.
Behavioral health: MCO response	<p>The following follow-up actions have been taken with the intended outcome of improving Behavioral Health measures in MY2024:</p> <p><b><u>Follow-Up Care for Children Prescribed ADHD Medication:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Care Coordination/Member Outreach:</b> HPP conducts targeted case management for members impacted by this measure to provide care coordination as needed.</li> <li>• <b>Provider Webinar:</b> HPP is collaborating with behavioral health vendor to host a provider webinar in Q4 2024 to promote screening for behavioral health conditions and the importance of following-up with patients prescribed ADHD medication. This measure will be monitored monthly for improvement through an internal HEDIS/EQR surveillance dashboard during QIC meetings.</li> </ul>
Behavioral health: IPRO assessment of MCO response	Not addressed
Dental and oral health services: IPRO recommendations	No recommendations
Dental and oral health services: MCO response	N/A
Dental and oral health services: IPRO assessment of MCO response	N/A
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	It is recommended that HPP work to improve maternal and perinatal health care, focusing on access to contraceptive care.
Maternal and perinatal health: MCO response	<p>The following follow-up actions have been taken with the intended outcome of improving the Maternal and Perinatal Health measures in MY2024:</p> <p><b><u>Access to Contraceptive Care:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Baby Partners Care Coordination:</b> <ul style="list-style-type: none"> <li>○ All pregnant members reached are educated about the importance of choosing a contraceptive method before the labor admission so they can initiate the method before discharge. Where this is not possible, members are connected to alternative providers and assisted in making appointments.</li> </ul> </li> <li>• <b>Partnership with Point of Care Pharmacy:</b> HPP partners with a Pharmacy to provide machines to initiate point of care family planning options directly to the member. Members leave the office with the medication and do not have to make a trip to the pharmacy. On-site counseling and education are provided to the member.</li> <li>• <b>Medication Formulary:</b> Some contraceptives including Long-acting reversible contraceptives (LARCs) are covered on the formulary and can be processed at the pharmacy. HPP can assist in coordinating delivery of LARC to a provider office.</li> <li>• <b>Provider Women's Health Webinar:</b> held Q1 2024 for network providers. Webinar topics included the 2024 Maternity QCP Program, ONAF Program, Baby Partners Program, and HEDIS/EQR measures.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	HPP Assessment Results
	These measures will be monitored monthly for improvement through an internal HEDIS/EQR surveillance dashboard during QIC meetings.
Maternal and perinatal health: IPRO assessment of MCO response	Not addressed
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A
Prevention and screening: IPRO recommendations	It is recommended that HPP work to improve in areas of prevention and screening. Focus should be on childhood and adolescent immunizations, as well as weight assessment and counseling for nutrition and physical activity.
Prevention and screening: MCO response	<p>The following follow-up actions have been taken with the intended outcome of improving the Prevention and Screening measures in MY2024:</p> <p><b><u>Childhood and Adolescent Immunizations:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Member Automated Birthday Reminder Calls:</b> Auto calls are made to members 60 days before their birthday reminding them about preventive screenings and immunizations.</li> <li>• <b>Immunization Information Flyer:</b> HPP developed an immunization information flyer to display at health events. The flyer includes a QR code that links to the CDC’s vaccine schedule and other information about the importance of childhood vaccines. HPP has also made the flyer available to providers who may want to share it with their patients.</li> <li>• <b>Provider P4P Measure:</b> Childhood Immunization Status is a measure included in our P4P provider incentive program. Providers are eligible to earn incentive dollars for high performance.</li> <li>• <b>Missed Opportunity Report:</b> A full missed opportunity report was shared with providers in Q1 2024 that provided a comprehensive list of their members that had PCP visits in 2023 but still had open care gaps at year-end. A refreshed list will be provided in Q3 2024 to show members that had PCP visits YTD in 2024 but still have open care gaps.</li> <li>• <b>Provider Guidelines:</b> HPP provider website includes links to CDC Immunization Schedule and Immunize.org.</li> <li>• <b>Provider Newsletter:</b> <ul style="list-style-type: none"> <li>○ “Childhood and Adolescent Immunizations” included in the Spring 2024 edition.</li> <li>○ “Immunization Recommendations &amp; Reporting” included in the Summer 2024 edition.</li> <li>○ “Protecting Your Patients with Up-to-Date Vaccinations” included in the Fall 2024 edition.</li> </ul> </li> </ul> <p><b><u>Weight Assessment and Counseling (WCC):</u></b></p> <ul style="list-style-type: none"> <li>• <b>HEDIS Hints:</b> provider webpage offers best practices, coding information and more details about key HEDIS measures, including WCC.</li> <li>• <b>Clinical Guidelines:</b> CDC BMI flowsheets for boys and girls; Agency for Healthcare Research and Quality (AHRQ) for Obesity Screening in Children and Adolescents and American Academy of Pediatrics for Health Childcare Bright Futures/American Academy of Pediatrics (AAP) Tip Sheets available on HPP Provider Preventive Care page.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	HPP Assessment Results
	<ul style="list-style-type: none"> <li>• <b>Pediatric Education Packet:</b> A packet of information that includes letters, resource guides, flyers, etc. focused on pediatric health topics (including WCC), is available on the HPP website and promoted by the HPP Provider Relations team during provider meetings.</li> <li>• <b>Provider Newsletter:</b> Article on WCC measure included in Summer 2024 edition.</li> </ul> <p>These measures will be monitored monthly for improvement through an internal HEDIS/EQR surveillance dashboard during QIC meetings.</p>
Prevention and screening: IPRO assessment of MCO response	Not addressed
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	It is recommended that HPP work to improve ambulatory care emergency department and outpatient utilization, as well as well-care visits for children and adolescents.
Utilization: MCO response	<p>The following follow-up actions have been taken with the intended outcome of improving the Utilization measures in MY2024:</p> <p><b><u>Ambulatory Care ED and Outpatient Utilization:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Member Newsletter:</b> Article on When to Visit a PCP, Urgent Care, and Hospital will be included in the Winter 2024 edition.</li> </ul> <p><b><u>Well Child Visits for Children(W30) and Adolescents (WCV):</u></b></p> <ul style="list-style-type: none"> <li>• <b>Vendor Outreach:</b> Outreach calls to members by non-clinical staff via vendor. Each month a new file of members due for a well visit is sent to the vendor. <ul style="list-style-type: none"> <li>○ <b>CHN Home Visits for Unreachable Members:</b> Members that are unreachable to vendor outreach are being attempted by our CHNs via home visit attempts.</li> </ul> </li> <li>• <b>Well Child and Adolescent Well Care Member Rewards:</b> Members that complete a well-child visit within 30 days after birth and members ages 12-18 years that complete an annual checkup are eligible for a prepaid debit card through the HPP Rewards Program.</li> <li>• <b>Provider P4P Measure:</b> WCV, W15 and W30 are measures included in our P4P provider incentive program. Providers are eligible to earn incentive dollars for high performance.</li> <li>• <b>Provider Missed Opportunity Report:</b> A full missed opportunity report was shared with providers in Q1 2024 that provided a comprehensive list of their members that had PCP visits in 2023 but still had open care gaps at year-end. A refreshed list will be provided in Q3 2024 to show members that had PCP visits YTD in 2024 but still have open care gaps.</li> <li>• <b>Pediatric Education Packet:</b> A packet of information that includes letters, resource guides, flyers, etc. focused on pediatric health topics (including Well Visits), is available on the HPP website and promoted by the HPP Provider Relations team during provider meetings.</li> <li>• <b>Provider Best Practice Sharing Series:</b> HPP’s first provider best practice sharing series webinar was held on June 2024. Presentation from provider included how to improve engagement through well visit events.</li> </ul>



Performance Measure Category and Review Element <sup>1</sup>	HPP Assessment Results
	These measures will be monitored monthly for improvement through an internal HEDIS/EQR surveillance dashboard during QIC meetings.
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; MY: measurement year; ED: emergency department; Q: quarter; P4P: pay-for-performance; HEDIS: Healthcare Effectiveness Data and Information Set; ADHD: attention deficit hyperactivity disorder; CDC: Centers for Disease Control and Prevention; CHN: community health nurse; PCP primary care provider; YTD: year to date; BMI: body mass index.

**Table 115: HPP’s Responses to Previous EQR Recommendations and IPRO Assessment of HPP’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	HPP Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.



**Table 116: HPP’s Responses to Previous EQR Recommendations and IPRO Assessment of HPP’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	HPP Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that HPP improve health care, health plan, and specialist satisfaction within its membership.
Child survey – your child’s health plan: MCO response	The following follow-up actions have been taken with the intended outcome of improving the Child’s Health Plan section in MY2024: <ul style="list-style-type: none"><li>• <b>Provider Newsletter:</b> Article “CAHPS Season is Here!” included in the Spring 2024 edition, which identifies actions providers can take to ensure our members get their needed care, get appointments and care quickly, and experience excellent customer service.</li><li>• <b>CAHPS Guidebook:</b> Provider resource guide to improving patient experience is available on the HPP provider website.</li></ul>
Child survey – your child’s health plan: IPRO assessment of MCO response	Partially addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that HPP focus on improving access to mental and emotional health care for members.
Child survey – your child’s health care plan in the last 6 months: MCO response	The MCO did not provide a response.
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Partially addressed

<sup>1</sup> IPRO assessments are as follows: **addressed:** MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed:** either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement:** MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; MY: measurement year; CAHPS: Consumer Assessment of Healthcare Providers and Systems.

**Table 117: HHK’s Responses to Previous EQR Recommendations and IPRO Assessment of HHK’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	HHK Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	HHK Assessment Results
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 118: HHK’s Responses to Previous EQR Recommendations and IPRO Assessment of HHK’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	HHK Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	HHK Assessment Results
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 119: HHK’s Responses to Previous EQR Recommendations and IPRO Assessment of HHK’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	HHK Assessment Results
Access to/Availability of care: IPRO recommendations	It is recommended that HHK work to improve access to and availability of care, particularly focusing on annual dental visits.
Access to/Availability of care: MCO response	<p>Highmark has been working to improve access and quality to care, and to educate members on how to access care. Below are activities we have undertaken.</p> <ul style="list-style-type: none"> <li>• Highmark partnered with United Concordia Dental to include CHIP members in their Mobile Dental Unit program in 2023 and 2024 to improve access to dental care by bringing a Mobile Dental Unit to cities across Pennsylvania. There was a tour in July of 2023 for 7 days 7/10/2023 – 7/17/2023 and a tour was just completed 8/8/2024-8/17/2024 for nine days.</li> <li>• Social Determinants of Health (SDOH) survey was added to communications to allow CHIP members to be identified and engage with our social work team, who will help families overcome barriers to care.</li> <li>• Outreach efforts via text, email, mail and direct outreach to parents/guardians were deployed to educate on the importance of annual dental visits and assist in finding a dentist. <ul style="list-style-type: none"> <li>○ 6/3/2024 - new Wellness Tracker letters</li> </ul> </li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	HHK Assessment Results
	<ul style="list-style-type: none"> <li>6/20/23 - 12/31/2023 - outreach calls were made by our small diverse business partner, Dasher, to remind parents/guardians to complete their annual dental exam and help in finding a dentist.</li> <li>3/24 &amp; 10/24 - email and text reminders sent to remind parents/guardians to complete their annual dental exam and provide a link to help in finding a dentist.</li> <li>6/24 - Interactive Voice Response call to remind parents/guardians early enough to schedule a visit with a dentist for 2024.</li> </ul>
Access to/Availability of care: IPRO assessment of MCO response	Partially addressed
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	No recommendations
Dental and oral health services: MCO response	N/A
Dental and oral health services: IPRO assessment of MCO response	N/A
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	No recommendations
Maternal and perinatal health: MCO response	N/A
Maternal and perinatal health: IPRO assessment of MCO response	N/A
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A
Prevention and screening: IPRO recommendations	It is recommended that HHK work to improve in areas of prevention and screening, particularly focusing on immunizations for adolescents and chlamydia screenings.
Prevention and screening: MCO response	<ul style="list-style-type: none"> <li>Highmark developed communications specifically around HPV immunizations for the first and second doses to improve awareness and education on the importance of immunizations for HPV as cancer prevention. These were sent in the form of email and text messaging.</li> <li>Social media campaigns were deployed to increase awareness about women's health and encourage preventative exams.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	HHK Assessment Results
	<ul style="list-style-type: none"> <li>For 2024, Highmark implemented a member incentive program in which any CHIP child that receives an HPV vaccine in 2024 receives a \$20 gift card to Walmart. Both doses of the vaccine are rewarded.</li> <li>6/3/2024 - New Wellness Tracker letters were sent to all CHIP households personalized to each child to identify open gaps to encourage members to schedule a visit with their PCP.</li> </ul>
Prevention and screening: IPRO assessment of MCO response	Partially addressed
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	It is recommended that HHK work to improve ambulatory care emergency department and outpatient utilization.
Utilization: MCO response	<ul style="list-style-type: none"> <li>Highmark's case management team reaches out to members recently discharged from emergency care to assist with condition management and ensure follow up appointments are made as well as provide resources and information about their condition(s).</li> <li>The behavioral health case management pediatric team reaches out to all CHIP members discharged from emergency care to ensure aftercare appointments are scheduled and to support with condition management needs.</li> <li>2024 improvements in the ADHD reporting provide early identification of members in need of outreach for our behavioral health case management pediatric team.</li> </ul>
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; HPV: human papillomavirus; PCP: primary care physician; ADHD: attention deficit hyperactivity disorder.

**Table 120: HHK's Responses to Previous EQR Recommendations and IPRO Assessment of HHK's Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	HHK Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A

Compliance Subpart and Review Element <sup>1</sup>	HHK Assessment Results
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 121: HHK’s Responses to Previous EQR Recommendations and IPRO Assessment of HHK’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	HHK Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that HHK focus on improving member satisfaction with personal doctors and specialists.
Child survey – your child’s health plan: MCO response	The MCO did not provide a response.
Child survey – your child’s health plan: IPRO assessment of MCO response	N/A
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that HHK improve member satisfaction related to their health care for members 17 years of age and younger.
Child survey – your child’s health care plan in the last 6 months: MCO response	<ul style="list-style-type: none"> <li>• In July of 2023, CHIP members were added to the “Find a PCP” campaign an email and text campaign to all CHIP members with call to action on how to find a PCP in network or call customer service with questions.</li> <li>• In February of 2024, a PCP Qualtrics Survey began, and it was added to all materials sent for wellness with a QR code for parents/guardians to update their chosen PCP with Highmark.</li> <li>• In April of 2024, Highmark sent updated education on how to access Well360 Virtual Urgent Care and virtual Behavioral Health providers via American Well.</li> <li>• Beginning in October 2022 through present, the Member Engagement Team makes calls out to households of pediatric members including CHIP and make referrals for PCPs and Specialists including behavioral health.</li> <li>• In May of 2024, Highmark added a question in our email survey in the program for CHIP members 0-18 months of age – Are you satisfied with your doctor? – these questions are routed to a Member Engagement Guide if answered for assistance.</li> </ul>

Survey Element and Review Element <sup>1</sup>	HHK Assessment Results
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; PCP: primary care physician.

**Table 122: IBC’s Responses to Previous EQR Recommendations and IPRO Assessment of IBC’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	IBC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A



Review Element and Assessment Steps <sup>1</sup>	IBC Assessment Results
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 123: IBC’s Responses to Previous EQR Recommendations and IPRO Assessment of IBC’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	IBC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	Revisions to IBC’s Intervention 3 in the next PIP submission are recommended, focusing on inclusion of members residing in high-risk ZIP codes.
Barrier analysis, interventions, and monitoring: MCO response	The MCO did not provide a response.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Partially addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A



Review Element and Assessment Steps <sup>1</sup>	IBC Assessment Results
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 124: IBC’s Responses to Previous EQR Recommendations and IPRO Assessment of IBC’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	IBC Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	No recommendations
Dental and oral health services: MCO response	N/A
Dental and oral health services: IPRO assessment of MCO response	N/A
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	It is recommended that IBC work to improve maternal and perinatal health care, focusing on access to contraceptive care for members ages 15–20 years.
Maternal and perinatal health: MCO response	Follow-up actions taken through 6/30/2024: <ul style="list-style-type: none"> <li>Digital Messages: In April 2024, IBX updated the digital messaging for Contraceptive Care. These messages were sent to parents and digitally engaged members 18 and 19 years of age advising that reproductive health is an important aspect of their health, and their doctor will discuss recommended contraceptive care. Messages link to an article from our CHIP Getgoodliving.com site.</li> <li>GetGoodLiving.com: The Get Good Living website includes articles about the importance of reproductive health and contraceptive care. In addition to including links to Get Good Living articles in our digital messages, a link to the Get Good Living CHIP page continued to be available on the ibx.com/CHIP website.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	IBC Assessment Results
	<ul style="list-style-type: none"> <li>• School-Based Health Centers: Services from Certified Registered Nurse Practitioners (CRNP) like contraceptive counseling were available to Keystone HMO CHIP members at high schools with Education Plus Health school-based health centers.</li> <li>• Case Management: The Baby BluePrints program provided individualized support and information to pregnant members to help guide them through each state of their pregnancy and post-delivery. Program enrollees were advised of the importance of post-partum contraceptive care. In addition, case management staff discussed contraceptive care with members enrolled in other case management programs when the topic arises.</li> <li>• Member newsletter: The Healthy Kids Now member newsletters published an article in April 2024 titled “Let’s talk about adolescent sexual health” advising parents that providers will discuss sexuality, STI risks, and contraception with adolescent children during well visits.</li> </ul> <p>Future Actions Planned:</p> <ul style="list-style-type: none"> <li>• Digital Messages: Messages will continue through the remainder of 2024 into 2025.</li> <li>• Case Management: The Baby BluePrints program and case management reviews will continue to advise the importance of contraceptive care.</li> </ul>
Maternal and perinatal health: IPRO assessment of MCO response	Not addressed
Overuse/Appropriateness: IPRO recommendations	It is recommended that IBC work to improve in areas of overuse or appropriateness by focusing on asthma-related emergency department visits for its members.
Overuse/Appropriateness: MCO response	<p>Follow-up actions taken through 6/30/2024:</p> <ul style="list-style-type: none"> <li>• Online Member Resources: Health Article posted on ibx.com/CHIP advising when to go to an emergency room and when to seek care from physician or an urgent care center.</li> <li>• Digital Messages: Digital messages sent to parents providing tips on asthma care and the importance of their child adhering to the medication prescribed for asthma.</li> <li>• GetGoodLiving.com: The Get Good Living website includes an article providing tips for parents of children with asthma.</li> <li>• Case Management: Case Management reviewed claims activity and referrals to determine which members to outreach for Case Management care. Members enrolled in the Asthma Case Management program were educated on managing their condition, which included education on proper use of PCP/retail clinic/urgent care/ER. Additionally, CM followed-up with members with an asthma related ER visit.</li> <li>• Community Health Workers: Our Asthma Community Health Worker Program, through Education Plus Health, is an in-home visit program, designed to keep asthmatic children healthy, reduce ER utilization and decrease missed school days that result from asthma-related symptoms. Community Health Workers continued to contact families to enroll in the program and perform in home visits.</li> <li>• Member Newsletter: In April 2024, the Healthy Kids Now member newsletter included an article providing tips for managing their child’s asthma, including when it is appropriate to seek emergency care.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	IBC Assessment Results
	<ul style="list-style-type: none"> <li>• School-Based Health Centers: CRNP services like asthma follow-up care were available to Keystone HMO CHIP members at high schools with Education Plus Health school-based health centers.</li> <li>• DUR: In June 2024, the Asthma Targeted Drug Utilization Review (DUR) identified members with asthma related ER and inpatient admissions with less than 75% medication maintenance ratio (MPR) and mailed a list of members to prescribing providers and PCPs.</li> </ul> <p>Future Actions Planned:</p> <ul style="list-style-type: none"> <li>• Online Member Resources: In December 2024, the Health Article on <a href="https://ibx.com/CHIP">ibx.com/CHIP</a> mentioned above will be included in the Healthy Kids Now member newsletter and mailed to Keystone HMO CHIP families. The newsletter will also be published to the <a href="https://ibx.com/CHIP">ibx.com/CHIP</a> site and a digital reminder message will be sent as a reminder of the online access to the newsletter.</li> <li>• Member Newsletter: The Healthy Kids Now member newsletters will continue to include articles about asthma.</li> <li>• Digital Messages: Digital message campaigns will continue through 2024 and 2025.</li> <li>• Case Management: Case management will continue to monitor claims activity to outreach and enroll members in a Case Management program.</li> <li>• Community Health Workers: The in-home visit program through Education Plus Health will continue to be offered to children identified with chronic asthma and we will continue to monitor the progress of the program enrollees.</li> <li>• DUR: Annual DUR analysis will continue through 2024 and 2025.</li> </ul>
Overuse/Appropriateness: IPRO assessment of MCO response	Partially addressed
Prevention and screening: IPRO recommendations	It is recommended that IBC work to improve in lead screening for members 2 years of age.
Prevention and screening: MCO response	<p>Follow Up Actions Taken Through 06/30/24:</p> <ul style="list-style-type: none"> <li>• Member Postcards: Member postcards in English and Spanish advising the importance of lead testing mailed to households of members up to 27 months of age past due for lead testing.</li> <li>• Digital Messages: Digital messages sent to parents/guardians of members past due for lead testing that links to an article from <a href="https://getgoodliving.com">Getgoodliving.com</a> site about lead testing. Beginning in May 2024, IBX expanded the Well-Child visit under 3 years of age message campaign to include all members up to 30 months of age to receive a reminder message to schedule a well-visit, thereby increasing the likelihood that more children receive lead testing by 2 years of age.</li> <li>• Member Newsletter: In December 2023, the Healthy Kids Now member newsletter included an article about the dangers of lead poisoning and the importance of lead testing.</li> <li>• Provider Outreach/Education: Beginning in October 2023, IBX began uploading gaps in care reporting for lead testing in the PEAR portal for provider offices to utilize. IBX also began sending provider gaps-in-care email notification advising the importance of lead screening and the availability of the gaps in care report on the PEAR portal, replacing the letter mailing campaign.</li> <li>• Social Media: In June 2024, our IBX Insights blog included an article from one of our medical directors about the lead exposure, the importance of lead testing, and where children can be tested for blood lead levels.</li> </ul>

Performance Measure Category and Review Element <sup>1</sup>	IBC Assessment Results
	<p>Future Actions Planned:</p> <ul style="list-style-type: none"> <li>• Member Newsletter: The Healthy Kids Now member newsletters will continue to include articles about lead testing.</li> <li>• Member Postcards: Member Postcards will continue to mail through 2023 and 2024. We will continue to review claims data determine the effectiveness this campaign.</li> <li>• Provider News Center: In July 2024, our online Provider News Center included an article reminding providers of the above-mentioned gaps in care reporting available in the PEAR portal.</li> <li>• Digital Messages: Digital message campaigns will continue through 2024 and 2025. We will continue to monitor the engagement and claims impacts to determine the effectiveness of this campaign.</li> </ul>
Prevention and screening: IPRO assessment of MCO response	Not addressed
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	It is recommended that IBC work to improve ambulatory care emergency department and outpatient utilization.
Utilization: MCO response	<p>Follow Up Actions Taken Through 06/30/24:</p> <ul style="list-style-type: none"> <li>• Online Member Resources: Health Article posted on ibx.com/CHIP advising when to go to an emergency room and when to seek care from physician or an urgent care center.</li> <li>• School-Based Health Centers: CRNP services like sick visits and asthma follow-up care were available to Keystone HMO CHIP members at high schools.</li> <li>• Case Management: The Asthma Case Management program mentioned in the previous measures targeted members with high ER utilization, assisted members/caregivers with managing asthma effectively; educated on proper use of PCP/retail clinic/urgent care/ER; reconciled and educated on identification and management of triggers; and provided support and resources to achieve autonomy in managing the condition. In addition, members enrolled in other Case Management or Disease Management program were educated on managing their condition, which included education on proper use of PCP/retail clinic/urgent care/ER.</li> <li>• Community Health Workers: Our Asthma Community Health Worker Program, through Education Plus Health, mentioned in the above measures, continued its approach to keep asthmatic children healthy, and reduce ER utilization.</li> <li>• Member Newsletter: In April 2024, the Healthy Kids Now member newsletter included an article providing tips for managing their child's asthma, including when it is appropriate to seek emergency care.</li> <li>• Provider Outreach/Education: IBX's pediatric Clinical Guidelines document includes measures that will encourage providers to increase follow-up outpatient visits.</li> </ul> <p>Future Actions Planned:</p>

Performance Measure Category and Review Element <sup>1</sup>	IBC Assessment Results
	<ul style="list-style-type: none"> <li>Online Member Resources: In December 2024, the Health Article on ibx.com/CHIP mentioned above will be included in the Healthy Kids Now member newsletter and mailed to Keystone HMO CHIP families. The newsletter will also be published to the ibx.com/CHIP site and a digital reminder message will be sent as a reminder of the online access to the newsletter.</li> <li>Case Management: Case management will continue to monitor claims activity to outreach and enroll members in the Asthma Case Management program and other programs.</li> <li>Community Health Workers: The in-home visit program through Education Plus Health will continue to be offered to children identified with chronic asthma and we will continue to monitor the progress of the program enrollees.</li> </ul>
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; IBX: Independence Blue Cross; HMO: health maintenance organization; STI: sexually transmitted infection; PCP: primary care provider; ER: emergency room; CM: care manager.

**Table 125: IBC’s Responses to Previous EQR Recommendations and IPRO Assessment of IBC’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	IBC Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 126: IBC’s Responses to Previous EQR Recommendations and IPRO Assessment of IBC’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	IBC Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that IBC improve satisfaction with health care, specialists, personal doctors, and health plan within its membership.
Child survey – your child’s health plan: MCO response	<p>Follow-up actions taken through 6/30/2024:</p> <ul style="list-style-type: none"><li>• Provider outreach: Outreaches to provider offices to educate about the IBX’s standards of care and access for members.</li><li>• Provider News Center: In July 2023, published article reminding providers to comply with the Quality Management Program to support optimal health outcomes and satisfaction with care for our members.</li><li>• Quality of Care: IBX’s Quality Management team reviewed and addressee member safety occurrences, quality complaints, and concerns about the health care members have received.</li><li>• Additional Member surveys: Parents/Guardians of recently enrolled members surveyed on a number of topics about their child’s plan and their satisfaction.</li><li>• Case Management: Proactive outreaches by case management to high-risk members (Co-morbidities, ER usage) to help navigate and access available health care resources, including identifying the appropriate provider specialist.</li></ul> <p>Future actions planned:</p> <ul style="list-style-type: none"><li>• Member Surveys: CAHPS results (along with other survey results) will continue to be reviewed and used to implement changes that improve members overall satisfaction.</li><li>• Provider outreach: Continue to educate providers about meeting member expectations and adhering to standards of care.</li><li>• Provider News Center: In July 2024, published article reminding providers to comply with the Quality Management Program to support optimal health outcomes and satisfaction with care for our members.</li></ul>
Child survey – your child’s health plan: IPRO assessment of MCO response	Partially addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that IBC focus on improving access to mental and emotional health care for members.
Child survey – your child’s health care plan in the last 6 months: MCO response	<p>Follow-up actions taken through 6/30/2024:</p> <ul style="list-style-type: none"><li>• PCP Referrals: IBX contracts with Quartet Health (Quartet) to bridge medical and BH providers for our members to ensure follow-up care is provided. Quartet receives behavioral health referral requests from PCPs and member self-referrals. Based on need and member preferences, Quartet assigns the request to the most appropriate behavioral health provider.</li><li>• Case Management: IBX Behavioral Health Case Management team identifies and conducts outreach to members with behavioral health care needs. Behavioral Health Case Managers help members navigate and access behavioral health treatment and coordinating medically appropriate care available through plan benefits and/or community resources.</li></ul>



Survey Element and Review Element <sup>1</sup>	IBC Assessment Results
	<ul style="list-style-type: none"> <li>Member services: Members have access to BH care advocates at the health plan (via phone number on card), offering connection to non-urgent care in under 7 days. The plan also offers live crisis intervention with licensed professionals and immediate connection to urgent/emergent care via health plan clinical triage team.</li> <li>Online resources: IBX webpage titled “Know Your Mind” is a resource page where members can find information about mental health, self-care strategies, and where to find help. Social Media posts through IBX platforms and IBX’s Insights blog provide frequent articles about the importance of behavioral health for children and adolescents and refers to the <a href="https://ibx.com/knowyourmind">ibx.com/knowyourmind</a> site.</li> <li>Digital Message campaigns Gaps in care digital messages for members past due for a depression screening or past due for a follow-up visit for possible depression.</li> <li>Provider outreach/education Provider News Center articles about this topic and directs providers to available guidelines on this measure. Provider tools are available on the provider PEAR portal.</li> </ul> <p>Future Actions Planned:</p> <ul style="list-style-type: none"> <li>Case Management: Case management will continue to monitor claims activity to outreach members with behavioral health care needs.</li> <li>Member Newsletter: The Healthy Kids Now member newsletters published an article in August 2024 titled “How to spot substance use in children” providing parents tips on possible drug use and a reminder of available treatment. IBX will continue to include articles about available behavioral health benefits and guidance on when to seek care for a child/adolescent’s behavioral health.</li> </ul>
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Partially addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; IBX: Independence Blue Cross; ER: emergency room; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

**Table 127: UHC’s Responses to Previous EQR Recommendations and IPRO Assessment of UHC’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Barrier analysis, interventions, and monitoring: IPRO recommendations	In future submissions, it was recommended that UHC consider additional barrier analyses and subsequent intervention modifications for Interventions 1 and 4.
Barrier analysis, interventions, and monitoring: MCO response	<p>Follow-up actions <b>taken</b> through 06/30/24 to address opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>1. Workgroups: (August 2023-current/ongoing) <ol style="list-style-type: none"> <li>a. Dental strategy workgroup meeting twice a month to review barriers, quality initiatives, members access, updates etc.</li> <li>b. Dental Advisory Committee is composed of network providers and the Executive Director at PA Coalition for Oral Health. This committee meets quarterly, and topics of discussion have included dental home, HEDIS performance, PA measures for 2023, tobacco cessation and workforce issues.</li> <li>c. The quarterly PIP workgroup meets regularly to discuss barriers, trends, and any enhancements or modifications that can be made to the program to improve engagement and performance of the initiatives.</li> </ol> </li> <li>2. New partnership with Chess Penn Health FQHC for the focus preventive dental events. Exams, cleaning, topical fluoride application and dental sealants are performed as necessary. Events falling on the weekends so individuals who cannot attend events that occur on weekdays have an opportunity to attend. (August 2023- current/ongoing)</li> <li>3. During successful outreach calls the dental hygienist is not only providing dental hygiene and nutritional education but also asking specific questions and educate based on responses (such are how many times teeth are being brushed, sugar intake, does member smoke cigarettes to assist in identifying any additional barriers that may be impacting members dental health. (August 2023-current/ongoing)</li> <li>4. Due to the high non-compliance rate for preventive dental care in the SE zone (Bucks, Chester, Delaware, Montgomery, and Philadelphia) CPC targeted education in Intervention 4 targets groups in these locations. (August 2023- current/ongoing)</li> </ol> <p>Future actions are <b>planned</b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>1. Review and analysis of updated quarterly reporting for interventions carried over from previous PIP cycle and new interventions being implemented in the new PIP cycle. (August 2023- current/ongoing)</li> <li>2. Review and analyze information from workgroups to modify, enhance, or implement addition interventions to continue meet the needs of our members. (August 2023- current/ongoing)</li> </ol> <p>For future actions, when and how will these actions be accomplished:</p> <ol style="list-style-type: none"> <li>1. Monthly</li> <li>2. Quarterly</li> <li>3. ad hoc</li> </ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <ol style="list-style-type: none"> <li>1. Improved Performance Indicators</li> <li>2. Improved Intervention rates</li> </ol> <p>UHC's process for monitoring the actions to determine the effectiveness of the actions taken:</p> <ol style="list-style-type: none"> <li>1. Monitoring of HEDIS reporting and trending for specific HEDIS driven Performance Indicators.</li> <li>2. Monitoring of quarterly data related to interventions and targeted monitoring for any low performing interventions.</li> </ol>



Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Partially addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; PA: Pennsylvania; HEDIS: Healthcare Effectiveness Data and Information Set; FQHC: federally qualified health center; SE: southeast.

**Table 128: UHC’s Responses to Previous EQR Recommendations and IPRO Assessment of UHC’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	In the final report, it was recommended that UHC provide a more in-depth discussion in the Discussion section of the PIP regarding the rationale for why a lower rate is the desired performance outcome goal for Indicator 2.
Discussion: MCO response	<p>Follow-up actions <b><i>taken</i></b> through 06/30/24 to address opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>The final PIP discussion focusing on MY2023 data (due to submit to the state 8/15/2024) shows the following: <ol style="list-style-type: none"> <li>To measure the success of this indicator the rate should be less than or equal to the goal.</li> <li>The health plan wants the percentage of children with an elevated lead level to decrease because we know lead exposure harms several body systems and at very high levels can be fatal. We also know that once a child's exposure to lead stops the amount of lead in the blood will gradually decrease.</li> <li>A lower rate of elevated lead screening rates indicates that the targeted education and screening efforts along with strategies in place to reduce lead toxicity are successfully implemented.</li> </ol> </li> </ol> <p>Future actions are <b><i>planned</i></b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>The health plan will continue to monitor the indicator to ensure the interventions continue to be successful. (August 2023-current/ongoing)</li> <li>The health plan will analyze results and implement additional barriers as identified and needed. (August 2023- current/ongoing)</li> </ol> <p>For future actions, when and how will these actions be accomplished:</p> <ol style="list-style-type: none"> <li>Monthly</li> <li>Ad hoc</li> </ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <ol style="list-style-type: none"> <li>Improved Performance Indicator rate</li> <li>Improved overall health of members.</li> <li>Improved Intervention rates</li> </ol> <p>UHC's process for monitoring the actions to determine the effectiveness of the actions taken:</p> <ol style="list-style-type: none"> <li>Monitoring of HEDIS reporting and trending for specific HEDIS driven Performance Indicators.</li> <li>Monitoring of quarterly data related to interventions and targeted monitoring for any low performing interventions.</li> </ol>
Discussion: IPRO assessment of MCO response	Partially addressed
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations

Review Element and Assessment Steps <sup>1</sup>	UHC Assessment Results
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
 EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set.

**Table 129: UHC’s Responses to Previous EQR Recommendations and IPRO Assessment of UHC’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	UHC Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	No recommendations
Dental and oral health services: MCO response	N/A
Dental and oral health services: IPRO assessment of MCO response	N/A
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	No recommendations
Maternal and perinatal health: MCO response	N/A
Maternal and perinatal health: IPRO assessment of MCO response	N/A
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A

Performance Measure Category and Review Element <sup>1</sup>	UHC Assessment Results
Prevention and screening: IPRO recommendations	No recommendations
Prevention and screening: MCO response	N/A
Prevention and screening: IPRO assessment of MCO response	N/A
Respiratory conditions: IPRO recommendations	It is recommended that UHC work to improve testing for respiratory conditions, particularly focusing on asthma medication.
Respiratory conditions: MCO response	<p>Follow-up actions <b>taken</b> through 06/30/24 to address opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>Provider education and outreach: <ol style="list-style-type: none"> <li>Provider outreach for non-compliant members who through pharmacy claims have not been prescribed a controller medication or have been prescribed but the controllers have not been filled (denied or adjusted). (September 2023-current/ongoing)</li> <li>Alert provider of instances where member is demonstrating overuse of rescue inhaler, determined by analyzing pharmacy reporting, and may requiring asthma testing and/or a controller to manage Asthma. (July 2023, current/ongoing)</li> <li>Outreach from AdhereHealth vendor regarding non-compliant CHIP members and medication nonadherence.</li> </ol> </li> <li>SCENE program is a direct observed therapy program specifically for pediatric members ages 4-17 to increase consistent and proper use of asthma medications. A pharmacist completes full medication reconciliation, an Asthma Action Plan is created, and direct observation therapy video is reviewed to determine appropriate inhaler usage and offer additional education if needed. Notification to provider for members who do not have a controller prescribed and may benefit from Asthma testing. Members can earn gift cards for participation. (Q3 2022, current/ongoing)</li> <li>Members are provided with education on importance of utilization of controller medications, when to talk to the doctor if controller no longer manages their symptoms or they notice the need to utilize their reliever more frequently. (Q2 2023, current/ongoing)</li> </ol> <p>Future actions are <b>planned</b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>Providers are made aware if a member is overutilizing a rescue/reliever inhaler and may require additional testing to determine if their current controller (if prescribed) is effectively managing their Asthma. Additionally, providers are made aware if a member is not filling their Asthma medications as indicated.</li> <li>Member enrolled in the Scene program will be educated on the medication regime and correct inhaler technique, which can result in improved AMR rates. The goal is to increase the number of members who enroll and successfully complete the program. (Q3 2023- current/ongoing)</li> </ol> <p>For future actions, when and how will these actions be accomplished:</p> <ol style="list-style-type: none"> <li>Monthly</li> <li>Quarterly and ad hoc</li> <li>Annually</li> </ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <ol style="list-style-type: none"> <li>Improved medication adherence and management for members with Asthma.</li> </ol>

Performance Measure Category and Review Element <sup>1</sup>	UHC Assessment Results
	<p>2. Improved AMR rates</p> <p>UHC's process for monitoring the actions to determine the effectiveness of the actions taken:</p> <ol style="list-style-type: none"> <li>1. Monitoring of HEDIS rates and monthly reporting and trending to identify any additional barriers.</li> <li>2. Monitoring HEDIS rates to monitor effectiveness of current interventions.</li> <li>3. Monthly reporting from Scene to monitor for effectiveness and address any barriers.</li> </ol>
Respiratory conditions: IPRO assessment of MCO response	Partially addressed
Utilization: IPRO recommendations	It is recommended that UHC work to improve ambulatory care emergency department and outpatient utilization, as well as well-child visits for members in their first 15 months of life.
Utilization: MCO response	<p>Follow-up actions <b>taken</b> through 06/30/24 to address opportunity? Please specify dates.</p> <p>Ambulatory care and outpatient utilization</p> <ol style="list-style-type: none"> <li>1. Consumer incentive offered to members for a preventive visit (October 2023, current/ongoing)</li> <li>2. Increased socialization of DoctorChat program to encourage use of this resource. Expanded clinical areas that DoctorChat can effectively diagnose and treat members and new materials developed including member emails. (September 2023, current/ongoing)</li> </ol> <p>Well Child Visits</p> <ol style="list-style-type: none"> <li>1. Encouraged and educated providers on utilization of the telehealth option for members who are hesitant to make an in-office visit with the PHE (October 2020, ongoing)</li> <li>2. Live telephonic outreach to members requiring 1 or 2 more WCV for compliance. Assistance with scheduling appointments and reminder calls. (September 2023)</li> <li>3. mPulse program to offer communication to parent/guardian according to their preferred method of communication. Offering different modes of communication can assist in encouraging the completion of necessary visits (February 2024, ongoing)</li> </ol> <p>Future actions are <b>planned</b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>1. Outreach to parent/guardian of member in WC15 whose baby is listed as Baby, Baby Boy, or Baby Girl to encourage them to update the name with CAO, provide CAO phone and address to parent/guardian. (July 2024)</li> </ol> <p>For future actions, when and how will these actions be accomplished.</p> <ol style="list-style-type: none"> <li>1. Monthly</li> <li>2. Quarterly and ad hoc</li> <li>3. Annually</li> </ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <p>Ambulatory care and outpatient utilization:</p> <ol style="list-style-type: none"> <li>1. Increased member engagement and utilization of services.</li> </ol> <p>Well Child Visits:</p> <ol style="list-style-type: none"> <li>1. Increase in telehealth visits.</li> <li>2. Parent/guardian will update member first name for enrollment file which will assist with pre-HEDIS chart collection.</li> </ol>

Performance Measure Category and Review Element <sup>1</sup>	UHC Assessment Results
	3. Parent/guardian will be educated and encouraged to have child complete at least 6 visits by 15 months of age. UHC's process for monitoring the actions to determine the effectiveness of the actions taken: <ol style="list-style-type: none"> <li>1. Monitoring of HEDIS rates and monthly reporting and trending to identify any additional barriers.</li> <li>2. Monitoring HEDIS rates to monitor effectiveness of current interventions.</li> <li>3. Monthly reporting from Scene to monitor for effectiveness and address any barriers.</li> </ol>
Utilization: IPRO assessment of MCO response	Opportunity retired

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; MY: measurement year; PHE: public health emergency; Q: quarter; HEDIS: Healthcare Effectiveness Data and Information Set; AMR: Healthcare Effectiveness Data and Information Set measure, Asthma Medication Ratio; WCV: Healthcare Effectiveness Data and Information Set measure, Child and Adolescent Well-Care Visits; WC15: Well Child 15; CAO: County assistance office.

**Table 130: UHC's Responses to Previous EQR Recommendations and IPRO Assessment of UHC's Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	UHC Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

Table 131: UHC’s Responses to Previous EQR Recommendations and IPRO Assessment of UHC’s Response – Validation of Quality-of-Care Surveys

Survey Element and Review Element <sup>1</sup>	UHC Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that UHC improve personal doctor satisfaction.
Child survey – your child’s health plan: MCO response	<p>Follow-up actions <b>taken</b> through 06/30/24 to address opportunity? Please specify dates.</p> <ol style="list-style-type: none"><li>1. In 2024 UHC added questions to our member survey to gain more insight on members experience with their provider. This will help capture meaningful insight to our members interactions with their person doctor and appointment availability.<ol style="list-style-type: none"><li>a. In the last 6 months, how often did your personal doctor listen carefully to you?</li><li>b. In the last 6 months, how often did you receive urgent or routine care as soon as you needed?</li></ol></li><li>2. UHC supplies education to the providers on how to utilize the provider portal and provider manual information that is available for example- claims paid and submitted accurately and information on members rights and responsibility (Ongoing)</li><li>3. PAC meeting – educate providers on UHC programs that are available to the members and have an open forum for questions and suggestions from the providers. Ongoing</li><li>4. Offering alternative Methods of care - UHC informs members the alternative methods for care through Newsletter, Member handbook and member interaction: Nurseline, Doctor chat, Telemedicine-Ongoing</li><li>5. Educate members on how to prepare for their office visit to help communicate with the doctor – Newsletter articles.</li><li>6. Ongoing monitoring of enhancements to Network and addressing barriers and gaps identified.</li></ol> <p>Future actions are <b>planned</b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"><li>1. Developing a closed looped process where the member verbatims can be reviewed and researched if member is not satisfied with their provider this can only be completed if the member agrees to call back. The goal is to have this implemented by Q4 2024.</li></ol> <p>For future actions, when and how will these actions be accomplished:</p> <ol style="list-style-type: none"><li>1. Monthly review of survey responses</li><li>2. Ad Hoc</li></ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <ol style="list-style-type: none"><li>1. Improved Member satisfaction with their provider</li><li>2. Improved overall satisfaction of members.</li></ol> <p>UHC’s process for monitoring the actions to determine the effectiveness of the actions taken:</p> <ol style="list-style-type: none"><li>1. Monitoring the responses from the survey questions and follow up any issues or concerns.</li><li>2. Implementation of additional interventions to assist in improving member experiences.</li></ol>
Child survey – your child’s health plan: IPRO assessment of MCO response	Addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that UHC focus on improving access to mental and emotional health care for members.



Survey Element and Review Element <sup>1</sup>	UHC Assessment Results
Child survey – your child’s health care plan in the last 6 months: MCO response	<p>Follow-up actions <b>taken</b> through 06/30/24 to address opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>Geo-Access standards for BH providers are monitored quarterly, and any gaps are identified for provider recruitment and closure activities. <ol style="list-style-type: none"> <li>No time-distance geo-access gaps for current PA CHIP members; however, our BH Network continues efforts to identify and outreach to potential providers for recruitment.</li> <li>Care Managers are assigned to work with any members/parents who identifies a challenge in finding BH providers with availability.</li> </ol> </li> </ol> <p>Future actions are <b>planned</b> to address each opportunity? Please specify dates.</p> <ol style="list-style-type: none"> <li>The creation and development of a self-paced digital wellness program called Self-Care by AbleTo. This program has no out-of-pocket expenses to members and is expected to launch in the second half of 2024. Self-Care assists members aged 13+ build resilience, develop life skills, and manage feeling of stress and worry to support their emotional wellbeing. It offers evidence-informed mental health support, which includes assessments, trackers, mental health skills and tools, collections, and communities. This program is ideal for individuals who are not ready for structured care but are ready to learn and develop resilience by building new skills and daily habits. <ol style="list-style-type: none"> <li>UHC is in the process of submitting for approval from the Office of CHIP. Once approved the health plan will launch the program.</li> </ol> </li> </ol> <p>For future actions, when and how will these actions be accomplished:</p> <ol style="list-style-type: none"> <li>Monthly</li> <li>Ad hoc</li> </ol> <p>Expected outcome or goals of the actions that were taken or will be taken:</p> <ol style="list-style-type: none"> <li>Support and improve the emotional wellbeing of our members.</li> <li>Improved overall health of members.</li> </ol> <p>UHC’s process for monitoring the actions to determine the effectiveness of the actions taken:</p> <ol style="list-style-type: none"> <li>Monitoring of the utilization of Self-care</li> </ol>
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; PAC: Professional advisory committee; Q: quarter; BH: behavioral health; PA: Pennsylvania.

**Table 132: UPMC’s Responses to Previous EQR Recommendations and IPRO Assessment of UPMC’s Response – PIP: Improving Access to Pediatric Preventive Dental Care**

Review Element and Assessment Steps <sup>1</sup>	UPMC Assessment Results
Project topic: IPRO recommendations	No recommendations



Review Element and Assessment Steps <sup>1</sup>	UPMC Assessment Results
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	It is recommended that UPMC include in their next submission details surrounding member education in Intervention 1, particularly focusing on whether sessions will be one-on-one or group, as well as the frequency of the sessions.
Barrier analysis, interventions, and monitoring: MCO response	UPMC for Kids took note of this recommendation when the Interim Validation Tool was received from IPRO on 10/20/23. UPMC for Kids included the following additional information about Intervention 1 in the discussion section: Education is provided annually at the household level unless a member is 18 years or older, and focuses on oral hygiene instruction, nutrition counseling, and Social Determinants of Health (SDOH) screening; and provides referrals and scheduling for community events when applicable.
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	Addressed
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	No recommendations
Discussion: MCO response	N/A
Discussion: IPRO assessment of MCO response	N/A
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement.

**Table 133: UPMC’s Responses to Previous EQR Recommendations and IPRO Assessment of UPMC’s Response – PIP: Improving Blood Lead Screening Rate in Children**

Review Element and Assessment Steps <sup>1</sup>	UPMC Assessment Results
Project topic: IPRO recommendations	No recommendations
Project topic: MCO response	N/A
Project topic: IPRO assessment of MCO response	N/A
Methodology: IPRO recommendations	No recommendations
Methodology: MCO response	N/A
Methodology: IPRO assessment of MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO recommendations	No recommendations
Barrier analysis, interventions, and monitoring: MCO response	N/A
Barrier analysis, interventions, and monitoring: IPRO assessment of MCO response	N/A
Results: IPRO recommendations	No recommendations
Results: MCO response	N/A
Results: IPRO assessment of MCO response	N/A
Discussion: IPRO recommendations	It is recommended that UPMC consider including additional information in the Discussion section on the plan’s overall evaluation of the degree to which the goals and objectives were met in relation to Indicator 2’s interventions/ITMs and final goal rate.

Review Element and Assessment Steps <sup>1</sup>	UPMC Assessment Results
Discussion: MCO response	<p>UPMC <i>for Kids</i> took note of this recommendation when the Interim Resubmission Validation Tool was received from IPRO on 2/5/24. UPMC <i>for Kids</i> included the following additional information about Indicator 2 in the discussion section of the final submission:</p> <p><b>Performance Indicator 2, MCO-Defined:</b> Total Children Successfully Identified with Elevated Blood Lead Levels rate did not improve from the baseline to interim measurement period. The baseline rate of 4.15% decreased slightly to 3.93%, falling short of the established goal of 6.7% by 2.77 percentage points. The rate improved 0.06 percentage points from the interim rate of 3.93% to 3.99% in the final measurement period, still falling short of the goal by 2.71 percentage points. The total decline from baseline to final measurement period was 0.16 percentage points.</p> <p>For Total Children Successfully Identified with Elevated Blood Lead Levels (IND 2), the target was not met, and a slight decline of 0.16 percentage points was observed. Although a decline was noted, the difference is not statistically significant and is the equivalent of one additional child being identified as having a confirmed EBLL. The Public Health Emergency (PHE) and the ongoing shift in enrollment across all lines of business resulted in a continued decrease in CHIP membership into 2023. Although enrollment began to rebound with the unwinding of the PHE, the fact that enrollment remained lower than it was during the baseline period likely impacted the total number of children successfully identified with elevated blood lead levels during the final phase. There were 124 fewer UPMC <i>for Kids</i> members 5 years old and under who completed a lead screening test in 2023 versus 2021, a substantial decrease in the denominator for IND 2 leading to a reduced likelihood that confirmed EBLL cases would increase. This performance indicator is supported by telephonic outreach to members with an initial elevated capillary blood lead screening but without a confirmatory venous blood lead screening, encouraging them to complete the confirmatory screening (ITM 2).</p> <p>For ITM 2, the member outreach intervention has not had the desired impact on the performance outcome for IND 2. During the final measurement period, only 5 out of 26 members (19.2%) responded to telephonic outreach to complete a confirmatory venous blood lead screening (ITM 2a). Discussions are ongoing about how to address the need to increase performance moving forward, either by modifying the existing intervention to make it more robust or by including additional interventions, or both. Initial conversations have focused on increasing the number of telephonic outreach attempts, adding SMS text messaging, and/or adding email outreach to the parent/guardian of the member to increase reach rates. Once the member responded, there was a high success rate with engagement, with 4 out of 5 members (80%) completing the confirmatory screening (ITM 2b).</p> <p>It is our hope that this additional information added substance to our overall evaluation of the degree to which the goals and objectives were met in relation to indicator 2's interventions/ITMs and final goal rate.</p>
Discussion: IPRO assessment of MCO response	Addressed
Next steps: IPRO recommendations	No recommendations
Next steps: MCO response	N/A
Next steps: IPRO assessment of MCO response	N/A

Review Element and Assessment Steps <sup>1</sup>	UPMC Assessment Results
Validity and reliability of PIP results: IPRO recommendations	No recommendations
Validity and reliability of PIP results: MCO response	N/A
Validity and reliability of PIP results: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
 EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; N/A: not applicable, the activity did not require a recommendation for improvement; ITM: intervention tracking measure.

**Table 134: UPMC’s Responses to Previous EQR Recommendations and IPRO Assessment of UPMC’s Response – Performance Measures**

Performance Measure Category and Review Element <sup>1</sup>	UPMC Assessment Results
Access to/Availability of care: IPRO recommendations	No recommendations
Access to/Availability of care: MCO response	N/A
Access to/Availability of care: IPRO assessment of MCO response	N/A
Behavioral health: IPRO recommendations	No recommendations
Behavioral health: MCO response	N/A
Behavioral health: IPRO assessment of MCO response	N/A
Dental and oral health services: IPRO recommendations	It is recommended that UPMC work to improve dental and oral health services, particularly focusing on sealant receipt on permanent first molars.
Dental and oral health services: MCO response	UPMC <i>for Kids</i> analyzed survey responses collected via SkyGen regarding barriers to sealant placement. Findings prompted the development of a 2024 behavioral health/dental health CEU quarterly series free to participating providers. Installment 4 focuses on best practices for sealant placement on children with behavioral health considerations. Additionally, development of a tooth eruption leave behind was completed and distribution is ongoing. Effectiveness is monitored by ongoing claims reports (review of claims data).
Dental and oral health services: IPRO assessment of MCO response	Not addressed
Electronic clinical data systems: IPRO recommendations	No recommendations
Electronic clinical data systems: MCO response	N/A
Electronic clinical data systems: IPRO assessment of MCO response	N/A
Maternal and perinatal health: IPRO recommendations	No recommendations

Performance Measure Category and Review Element <sup>1</sup>	UPMC Assessment Results
Maternal and perinatal health: MCO response	N/A
Maternal and perinatal health: IPRO assessment of MCO response	N/A
Overuse/Appropriateness: IPRO recommendations	No recommendations
Overuse/Appropriateness s: MCO response	N/A
Overuse/Appropriateness: IPRO assessment of MCO response	N/A
Prevention and screening: IPRO recommendations	No recommendations
Prevention and screening: MCO response	N/A
Prevention and screening: IPRO assessment of MCO response	N/A
Respiratory conditions: IPRO recommendations	No recommendations
Respiratory conditions: MCO response	N/A
Respiratory conditions: IPRO assessment of MCO response	N/A
Utilization: IPRO recommendations	No recommendations
Utilization: MCO response	N/A
Utilization: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; CEU: continuing education unit.

**Table 135: UPMC’s Responses to Previous EQR Recommendations and IPRO Assessment of UPMC’s Response – Compliance with Medicaid and CHIP Managed Care Regulations**

Compliance Subpart and Review Element <sup>1</sup>	UPMC Assessment Results
Subpart B – State Responsibilities: IPRO recommendations	No recommendations
Subpart B – State Responsibilities: MCO response	N/A
Subpart B – State Responsibilities: IPRO assessment of MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO recommendations	No recommendations
Subpart C – Enrollee Rights and Protections Regulations: MCO response	N/A
Subpart C – Enrollee Rights and Protections Regulations: IPRO assessment of MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO recommendations	No recommendations
Subpart D – MCO, PIHP, and PAHP Standards Regulations: MCO response	N/A
Subpart D – MCO, PIHP, and PAHP Standards Regulations: IPRO assessment of MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO recommendations	No recommendations

Compliance Subpart and Review Element <sup>1</sup>	UPMC Assessment Results
Subpart E – Quality Measurement and Improvement; EQR Regulations: MCO response	N/A
Subpart E – Quality Measurement and Improvement; EQR Regulations: IPRO assessment of MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO recommendations	No recommendations
Subpart F – Grievance and Appeal System Regulations: MCO response	N/A
Subpart F – Grievance and Appeal System Regulations: IPRO assessment of MCO response	N/A

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; ECDS: electronic clinical data system; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan.

**Table 136: UPMC’s Responses to Previous EQR Recommendations and IPRO Assessment of UPMC’s Response – Validation of Quality-of-Care Surveys**

Survey Element and Review Element <sup>1</sup>	UPMC Assessment Results
Child survey – your child’s health plan: IPRO recommendations	It is recommended that UPMC focus on improving member satisfaction with personal doctors and specialists.
Child survey – your child’s health plan: MCO response	UPMC Health Plan has seen scores for the single item CAHPS questions <i>Rating of Personal Doctor and Specialist</i> showing opportunities for improvement. Key drivers of these ratings questions are experiences with the access measures, <i>Getting Care Quickly</i> and <i>Getting Needed Care</i> . The coordination of care and how well doctors communicate are also highly correlated with the ratings of specialists and personal doctors. Initiatives are focusing on messaging members both broadly and targeted via social media, direct mail, email and SMS reminders to schedule appointment online or virtually using UPMC and Health Plan secure websites and applications to improve the perception of ease of scheduling appointments, as well as connecting with member services to assist with scheduling. Messaging also included how to search for providers with online scheduling and telehealth appointments who have online scheduling and telehealth appointments available. The Care Coordination measure scores show the opportunities to improve and influence members' perceptions for rating their personal doctor and specialist. The care coordination best practice tip sheet was published to provider portal and a soft copy distributed broadly to network physicians. Provider communication included best practice tips about simple steps when talking to the member/patient during and after the patient encounter that support success in meeting patients’ needs and improving the patient/member experience. A systemwide effort whereby operations for using UPMC templates for scheduling are optimized, resulting in more appointments becoming available. Additionally, provider communication was published about healthy family programs in the RxWell app available to help parents and caregivers build skills and learn health habits that can support their family in reaching wellness goals. This included an initiative that impacted 160,000 youth with active Health Plan benefits whose parents or caretakers were not enrolled in UPMC Health Plan benefits. In September, CHIP caregivers, if their child is under 13 years old, will be able to make a member app account and access their child’s information. This will provide a better experience for coordinating care for their child.

Survey Element and Review Element <sup>1</sup>	UPMC Assessment Results
	How members perceive the improvement strategies implemented will be determined by the responses and scores received from the annually administered CAHPS survey. In the meantime, since access is a challenge nationally, we will continue to focus on improving access. The Member Experience Committee is where findings are shared, and improvement strategies and action plans are determined. Upcoming strategy will continue to focus on communicating use of digital tools to schedule appointments and improving uptake of available telehealth or virtual visits with specialists and PCPs, as these are key drivers to rating of specialist and personal doctor.
Child survey – your child’s health plan: IPRO assessment of MCO response	Partially addressed
Child survey – your child’s health care plan in the last 6 months: IPRO recommendations	It is recommended that UPMC focus on improving access to mental and emotional health care for members.
Child survey – your child’s health care plan in the last 6 months: MCO response	UPMC Behavioral Health has implemented a 3-part strategy that focuses on access to increased availability of behavioral health services to meet the requirements of a changing population. They have hired many providers to address the needs for these services. There is a Network Monitoring and Development plan for 2024 that encompasses a strategy for growth of staff needed to treat patients in our community and expanded use of telehealth options to better reach and support the needs of a growing and changing population. Behavioral Health screening is another initiative being taken to identify potential problems among distinct groups and provide the best care to achieve the most impactful change. Suicide is a national problem for children and young adults. Focus on prevention and training for clinical staff is critical to bring awareness to many symptoms and actions that may happen with severe depression. Collaborative activity with primary care doctors will help the referral process identify needed care for young patients and provide the correct intervention at an early stage in the development process.
Child survey – your child’s health care plan in the last 6 months: IPRO assessment of MCO response	Partially addressed

<sup>1</sup> IPRO assessments are as follows: **addressed**: MCO’s quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: either of the following 1) improvement was observed, but identified as an opportunity for current year; or 2) improvement not observed, but not identified as an opportunity for current year; **remains an opportunity for improvement**: MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.  
EQR: external quality review; MCO: managed care organization; N/A: not applicable, the activity did not require a recommendation for improvement; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider.

MCO Response to Previous EQR Recommendations Comparative Findings

Figure 49 provides an aggregated summary of the responses to previous recommendations across all MCOs.

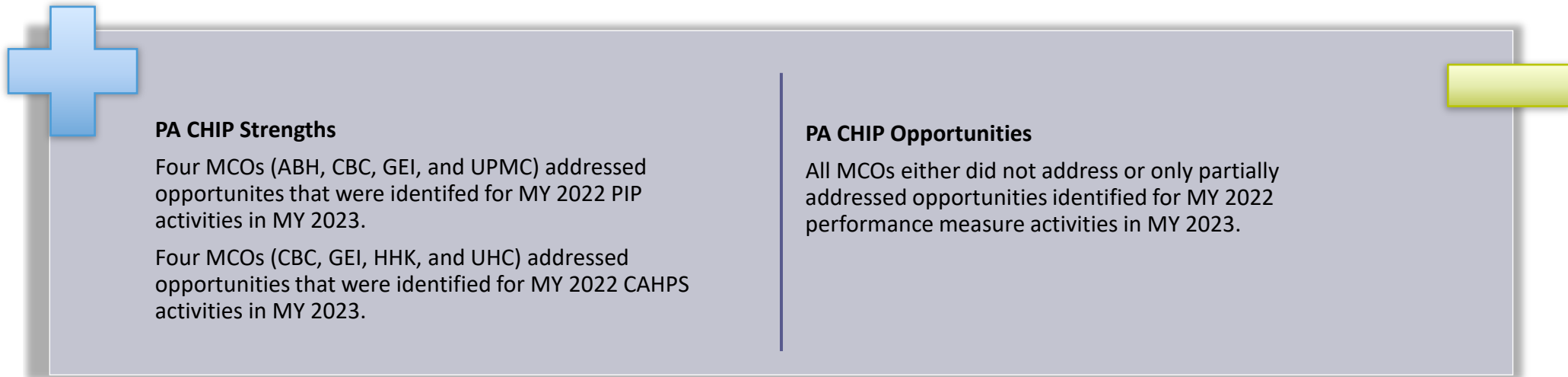


Figure 49: MCO Response to Previous EQR Recommendations Aggregate Findings MCO: managed care organization; PIP: performance improvement project; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; EQR: external quality review.





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# **Pennsylvania Children's Health Insurance Program Managed Care Performance Measure Validation Report 2024–2025 Reporting Cycle**

**April 2025**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**[ipro.org](https://ipro.org)**

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## Executive Summary

### Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the managed care organizations (MCOs). *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. **Box 1** lists the definitions per *Title 42 CFR § 438.320 External quality review*.<sup>1</sup>

#### Box 1: Title 42 CFR § 438.320 Definitions

- **Access**, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under network adequacy standards and availability of services
- **External quality review** means the analysis and evaluation by an EQRO, of aggregated information on quality, timeliness, and access to the health care services that an MCO, PIHP, PAHP, or PCCM entity, or their contractors furnish to (...) beneficiaries.
- **External quality review organization** means an organization that meets the competence and independence requirements and performs external quality review and other EQR-related activities.
- **Quality**, as it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its enrollees through (1) Its structural and operational characteristics; (2) the provision of services that are consistent with current professional, evidenced-based-knowledge; and (3) Interventions for performance improvement.

CFR: Code of Federal Regulations; §: section; EQRO: external quality review organization; MCO: managed care organization; PIHP: prepaid inpatient health plan; PAHP: prepaid ambulatory health plan; PCCM: primary care case management; EQR: external quality review.

To comply with *Title 42 CFR § 438.364 External review results (a) through (d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Commonwealth of Pennsylvania (PA) Department of Human Services (DHS) Office of Medical Assistance Programs (OMAP) contracted with IPRO, an EQRO, to conduct the 2024 EQR activities for MCOs contracted to furnish Children's Health Insurance Program (CHIP) services in the state.

### Scope of External Quality Review Activities Conducted

This report focuses on **CMS Mandatory Protocol 2: Validation of Performance Measures**. This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.

---

<sup>1</sup> [42 CFR 438.320](#)

## High-Level Results

### Validation of Performance Measures

IPRO's validation of the MCOs' performance measures confirmed the state's compliance with the standards of *Title 42 CFR § 438.330(a)(1)*. The results of the validation activity determined that each MCO was compliant with the standards of *Title 42 CFR § 438.330(c)(2)*.

### Information Systems Capabilities Assessment

The *CMS External Quality Review (EQR) Protocols* published in February 2023 state that an Information Systems Capabilities Assessment (ISCA) is a required component of the mandatory EQR activities and that the systems reviews conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA.<sup>2</sup>

Each MCO's independent HEDIS auditor determined that the rates reported by the MCO were calculated in accordance with NCQA's defined specifications, and there were no data collection or reporting issues identified by the MCOs' HEDIS auditors.

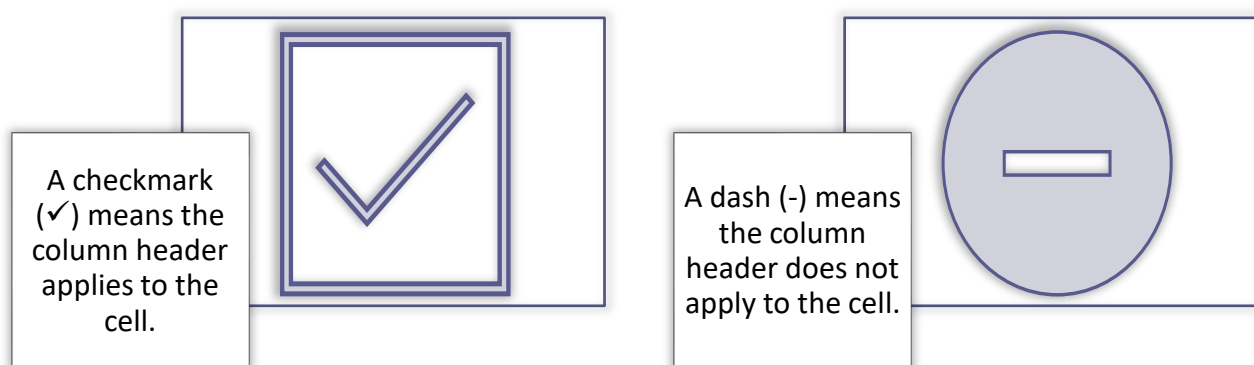
Based on a review of the final audit reports (FARs) issued by each MCO's independent HEDIS auditor, IPRO found that the MCOs were determined to be *fully compliant* with HEDIS specifications standards and all seven of the applicable NCQA Information System (IS) standards. HEDIS rates produced by the MCOs were reported to NCQA and the Department of Human Services.

### Performance Measure Outcomes

The validation process confirmed that the MCO's calculation of performance measures adhered to acceptable methodologies.

### Note on Accessibility

Several tables in this report use a checkmark to indicate that the column header applies to the cell. When the column header does not apply, the cell has been greyed out. A dash has been added to greyed out cells so that readers using assistive technology understand that the column header does not apply.



<sup>2</sup> Centers for Medicare & Medicaid Services (CMS). (2023, February). *CMS external quality review (EQR) protocols* (OMB Control No. 0938-0786). 67. Department of Health & Human Services. [CMS External Quality Review \(EQR\) Protocols \(medicaid.gov\)](https://www.medicare.gov/external-quality-review).

## Validation of Performance Measures

### Objectives

PA selects quality metrics and performance targets by assessing gaps in care within the state's CHIP population. DHS monitors and uses data that evaluate the MCOs' strengths and opportunities for improvement in serving the CHIP population by specifying performance measures. The selected performance measures and performance targets are reasonable, based on industry standards, and consistent with the CMS's *External Quality Review (EQR) Protocols*. DHS conducts annual monitoring of the performance measures to observe trends and to identify potential risks to meeting performance targets. Annually, the EQRO validates the MCOs' reported performance rates.

### Technical Methods of Data Collection and Analysis

CMS's *Protocol 2. Validation of Performance Measures* was used as the framework to validate performance measures specified by PA for inclusion in the MCOs' Quality Assessment and Performance Improvement (QAPI) programs. **Figure 1** details the mandatory EQR Protocol 2 activities.

#### Activity 1: Conduct Preliminary Activities

- Step 1: Define the scope of the validation
- Step 2: Assess the integrity of the MCOs' information systems
- Step 3: Conduct a detailed review of the measures
- Step 4: Initiate review of medical record data collection
- Step 5: Prepare for assessment activities

#### Activity 2: Conduct Assessment Activities

- Step 1: Review information systems underlying performance measurement
- Step 2: Assess data integration and control for performance measure calculation
- Step 3: Review performance measure production
- Step 4: Complete the detailed review of the measures
- Step 5: Assess the sampling process (if applicable)
- Step 6: Communicate preliminary findings and outstanding items

#### Activity 3: Conduct Documentation and Reporting Activities

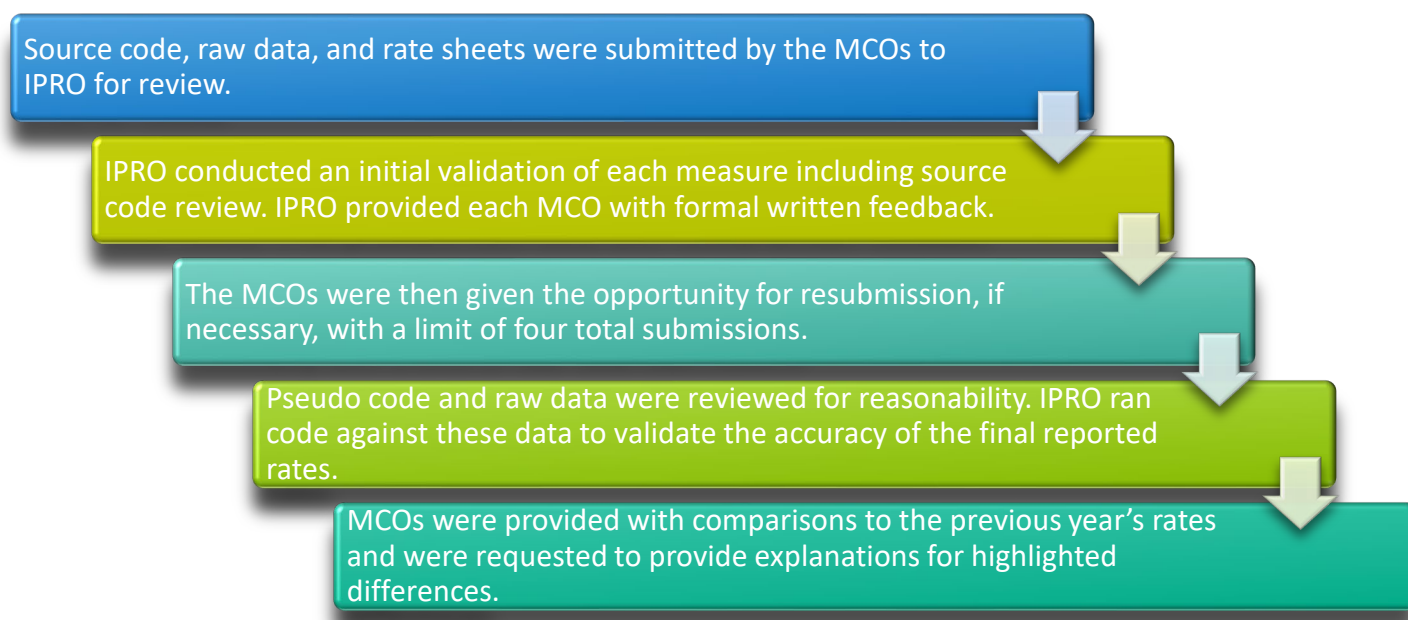
- Step 1: Determine preliminary validation findings for each measure
- Step 2: Assess and document the accuracy of performance measure reports
- Step 3: Submit validation report

**Figure 1: EQR Protocol 2 Activities** MCO: managed care organization; EQR: external quality review.

The MCOs are required to follow **NCQA HEDIS**, **CMS Child Core Set**, and **Pennsylvania Performance Measure (PAPM)** technical specifications for reporting, as determined by each DHS program office. Measurement year (MY) 2023 was the measurement period for performance measure validation.

**HEDIS MY 2023 Health Plan measures** were validated through a standard HEDIS Compliance Audit of each CHIP-MCO. The audit protocol includes pre-on-site review of the HEDIS Roadmap, on-site interviews with staff and a review of systems, and post-on-site validation of the Interactive Data Submission System (IDSS). A FAR was submitted to NCQA for each MCO.

**CMS MY 2023 Core Set** and **MY 2023 PAPMs** were validated through a series of steps detailed in **Figure 2**.



**Figure 2: CMS Core Set and PAPM Validation Process** MCO: managed care organization; CMS: Centers for Medicare & Medicaid; PAPM: Pennsylvania performance measure.

## Description of Data Obtained

### *Pennsylvania Performance Measures*

MCOs collect PAPMs, “which are a set of state quality measures that were developed focusing on specific areas of importance to the Commonwealth that are not captured through other available datasets. PAPMs use statistically valid methodologies and allow program offices to track program performance over time. MCOs are required to report specific data for measures according to the requirements of the managed care program(s) in which they participate, and the most current year’s measures selected. Data sources include, but are not limited to, encounter data, participant interviews, patient experience surveys, on-site documents, electronic file reviews, quarterly, and annual reports.”<sup>3</sup>

### *CMS Core Set Measures*

The CMS measures are known as Core Set measures. For each indicator, the eligible population is identified by product line, age, enrollment, anchor date, and event/diagnosis. Administrative numerator positives are identified by date of service, diagnosis/procedure code criteria, and other specifications as needed.

<sup>3</sup> PA DHS. (2023). *Medical Assistance and Children’s Health Insurance Program managed care quality strategy*. 40. [2023 Medical Assistance Quality Strategy for Pennsylvania \(pa.gov\)](https://www.pa.gov/government/working-with-us/2023-medical-assistance-quality-strategy-for-pennsylvania).



## HEDIS Health Plan Measures

The NCQA is the steward of over 90 quality measures across six domains of care, including: <sup>4</sup>

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk-Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems (ECDS)

According to NCQA, “HEDIS is the nation’s most widely used set of health care performance measures.”<sup>5</sup> HEDIS is a performance improvement tool, and HEDIS data are used to set benchmarks and performance standards.

Each CHIP-MCO underwent a full HEDIS Compliance Audit in 2024. The CHIP-MCOs are required by DHS, as part of their QAPI programs, to report the complete set of Medicaid measures applicable to the CHIP population, as specified in the *HEDIS MY 2022: Volume 2: Technical Specifications*.

## Conclusions and Comparative Findings

Based on a review of the FARs issued by each MCO’s independent auditor, IPRO found that the MCOs were determined to be *fully compliant* with all seven of the applicable NCQA IS standards (**Table 1**). HEDIS rates produced by the MCPs were reported to the NCQA.

**Table 1: MCO Compliance with IS Standards**

IS Standard	ABH	CBC	GEI	HPP	HHK	IBC	UHC	UPMC
1.0 Medical Services Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
2.0 Enrollment Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
3.0 Practitioner Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
4.0 Medical Record Review Processes	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
5.0 Supplemental Data	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
6.0 Data Preproduction Processing	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant
7.0 Data Integration and Reporting	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant

MCO: managed care organization; IS: Information Systems; HEDIS: Healthcare Effectiveness Data and Information Set.

<sup>4</sup> NCQA. *HEDIS and performance measurement*. [NCQA | HEDIS \(ncqa.org\)](https://www.ncqa.org/hedis).

<sup>5</sup> NCQA. *HEDIS data submission*. [NCQA | HEDIS Data Submission \(ncqa.org\)](https://www.ncqa.org/hedis-data-submission).

The MCOs successfully implemented all the PAPM and Core Set measures for 2023 that were reported with MCO-submitted data. The MCOs submitted all required source code and data for review. IPRO reviewed the source code and validated raw data submitted by the MCOs. All rates submitted by the MCOs were reportable. Additionally, the MCOs successfully completed the HEDIS audit. The MCOs received an Audit Designation of Report for all applicable measures.

Measure descriptions and MCO results are presented in **Tables 3, 10, 20, 26, 36, 39, 42, 50, and 54.**

**Table 2** highlights the reported elements in each measure data table.

**Table 2: Measure Data Table Reporting Elements**

Measure Data Table Elements	Description
MCO measure data	MY 2023 measure numerator, denominator, and rate.
MY 2023 CHIP average	The CHIP average is a weighted average, which is an average that considers the proportional relevance of each MCO.
Comparison of the MCO rate to the CHIP average	Each table also presents the significance of the difference between the plan's MY rate and the CHIP average for the same year. For comparison of MY 2023 rates to CHIP averages, "+" denotes that the plan rate exceeds the CHIP rate, "-" denotes that the plan rate is less than the CHIP average, and "n.s." denotes no statistically significant difference between the two rates.
MCO performance	Measures that are both statistically significant and display at least a 3-percentage-point difference in observed rates are identified as either a strength when the MCO rate exceeded the CHIP rate or an opportunity for improvement when the MCO rate was worse than the CHIP rate.
Validation rating	"Validation rating" refers to the EQRO's overall confidence that the calculation of the performance measure adhered to acceptable methodology. Ratings are reported as high confidence, moderate confidence, low confidence, and no confidence.

MCO: managed care organization; MY: measurement year; EQRO: external quality review organization.

If the denominator was less than 30 for a particular rate, "N/A" (not applicable) appears in the corresponding cells. **Box 2** explains the logic for excluding rates when the denominator was less than 30.

### Box 2: The Impact of Small Denominators

HEDIS, CMS Core Set, and PAPM rates are indicators of performance in the domains of quality, access, and timeliness of care. However, rates are listed as "N/A" for two primary reasons:

- There is low confidence in the accuracy of a rate when only a small number of members or qualifying events make up the denominator.
- When there is a small number of members affected by the measure, there is a risk that member is identified by people in their community.

To ensure each measure is an accurate indicator of performance and to protect the health information of PA CHIP members, only measures with denominators greater than 30 are reported.

HEDIS: Healthcare Effectiveness Data and Information Set; CMS: Centers for Medicare and Medicaid Services; PAPM: Pennsylvania performance measure; N/A: not applicable.

NCQA requires reporting race and ethnicity as defined by the 1997 Federal Office of Management and Budget (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity for the following measures:

- Immunizations for Adolescents (including the ECDS measure)
- Asthma Medication Ratio
- Follow-Up After Emergency Department Visit for Substance Use
- Initiation and Engagement of Substance Use Disorder Treatment
- Prenatal and Postpartum Care
- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits

Strengths and opportunities are identified for race and ethnicity breakouts for these measures using the same methodology as outlined in **Table 2**.

Reporting race and ethnicity data for the following measures was not required from CHIP-MCOs because membership does not fall in the eligible populations for these measures:

- Colorectal Cancer Screening (including the ECDS measure)
- Controlling High Blood Pressure
- Hemoglobin A1c Control for Patients With Diabetes
- Pharmacotherapy for Opioid Use Disorder
- Breast Cancer Screening
- Adult Immunization Status

Access to/Availability of Care

The measures in the Access to/Availability of Care category are listed in **Table 3**, followed by the measure data in **Tables 4–9**.

Table 3: Access to/Availability of Care Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
PA CHIP	Child Annual Dental Visits	-	Reported as a HEDIS-audited measure	This measure assesses the percentage of children 2 to 20 years of age and older who were continuously enrolled in the MCO for the MY and who had at least one dental visit during the MY.	Rate 1: Members ages 2 to 20 years old. Rate 2: Women ages 15 to 20 years old with a live birth.	Ages 2–3 years, ages 4–6 years, ages 7–10 years, ages 11–14 years, ages 15–18 years, ages 19–20 years, and total ages
NCQA	Initiation and Engagement of Substance Use Disorder Treatment	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.	Rate 1: Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days. Rate 2: Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.  For each rate, the following SUD cohorts are reported: 1) alcohol use disorder; 2) opioid use disorder; 3) other SUD; and 4) the total sum of the SUD diagnosis cohort stratifications.	Ages 13–17 years, ages 18–19 years, and ages 13–19 years
NCQA	Prenatal and Postpartum Care	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY.	Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	All member ages
NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	✓	Reported as a HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 1 to 17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	N/A	Ages 1–11 years, ages 12–17 years, and total ages 1–17 years

NCQA: National Committee for Quality Assurance; PA CHIP: Pennsylvania Children’s Health Insurance Program; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MCO: managed care organization; N/A: not applicable.

Table 4: Child Annual Dental Visit Measure Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	All members	Administrative	2-3	477	223	46.75%	N/A	NR	46.82%	–	∅	High confidence
ABH	All members	Administrative	4-6	1,080	661	61.20%	N/A	NR	69.27%	–	Opportunity	High confidence
ABH	All members	Administrative	7-10	2,188	1,444	66.00%	N/A	NR	72.27%	–	Opportunity	High confidence
ABH	All members	Administrative	11-14	2,673	1,669	62.44%	N/A	NR	69.71%	–	Opportunity	High confidence
ABH	All members	Administrative	15-18	2,514	1,336	53.14%	N/A	NR	60.04%	–	Opportunity	High confidence
ABH	All members	Administrative	19-20	42	18	42.86%	N/A	NR	42.86%	n.s.	∅	High confidence
ABH	All members	Administrative	2-20	8,974	5,351	59.63%	N/A	NR	66.27%	–	Opportunity	High confidence
ABH	Women with a live birth	Administrative	15-18	1	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
ABH	Women with a live birth	Administrative	19-20	1	1	100.00%	N/A	NR	N/A	NR	∅	High confidence
ABH	Women with a live birth	Administrative	2-20	2	1	50.00%	N/A	NR	N/A	NR	∅	High confidence
CBC	All members	Administrative	2-3	200	56	28.00%	N/A	NR	46.82%	–	Opportunity	High confidence
CBC	All members	Administrative	4-6	615	378	61.46%	N/A	NR	69.27%	–	Opportunity	High confidence
CBC	All members	Administrative	7-10	1,594	1,089	68.32%	N/A	NR	72.27%	–	Opportunity	High confidence
CBC	All members	Administrative	11-14	1,976	1,320	66.80%	N/A	NR	69.71%	–	∅	High confidence
CBC	All members	Administrative	15-18	2,024	1,153	56.97%	N/A	NR	60.04%	–	Opportunity	High confidence
CBC	All members	Administrative	19-20	35	17	48.57%	N/A	NR	42.86%	+	Strength	High confidence
CBC	All members	Administrative	2-20	6,444	4,013	62.27%	N/A	NR	66.27%	–	Opportunity	High confidence
CBC	Women with a live birth	Administrative	15-18	1	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
CBC	Women with a live birth	Administrative	19-20	1	1	100.00%	N/A	NR	N/A	NR	∅	High confidence
CBC	Women with a live birth	Administrative	2-20	2	1	50.00%	N/A	NR	N/A	NR	∅	High confidence
GEI	All members	Administrative	2-3	453	216	47.68%	N/A	NR	46.82%	+	∅	High confidence
GEI	All members	Administrative	4-6	1,078	766	71.06%	N/A	NR	69.27%	+	∅	High confidence
GEI	All members	Administrative	7-10	2,047	1,515	74.01%	N/A	NR	72.27%	+	∅	High confidence
GEI	All members	Administrative	11-14	2,342	1,593	68.02%	N/A	NR	69.71%	–	∅	High confidence
GEI	All members	Administrative	15-18	2,109	1,221	57.89%	N/A	NR	60.04%	–	∅	High confidence
GEI	All members	Administrative	19-20	41	15	36.59%	N/A	NR	42.86%	–	Opportunity	High confidence
GEI	All members	Administrative	2-20	8,070	5,326	66.00%	N/A	NR	66.27%	–	∅	High confidence
GEI	Women with a live birth	Administrative	15-18	3	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
GEI	Women with a live birth	Administrative	19-20	2	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
GEI	Women with a live birth	Administrative	2-20	5	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
HPP	All members	Administrative	2-3	213	82	38.50%	N/A	NR	46.82%	–	Opportunity	High confidence
HPP	All members	Administrative	4-6	491	305	62.12%	N/A	NR	69.27%	–	Opportunity	High confidence
HPP	All members	Administrative	7-10	1,163	740	63.63%	N/A	NR	72.27%	–	Opportunity	High confidence
HPP	All members	Administrative	11-14	1,559	1,006	64.53%	N/A	NR	69.71%	–	Opportunity	High confidence
HPP	All members	Administrative	15-18	1,442	774	53.68%	N/A	NR	60.04%	–	Opportunity	High confidence
HPP	All members	Administrative	19-20	68	17	25.00%	N/A	NR	42.86%	–	Opportunity	High confidence
HPP	All members	Administrative	2-20	4,936	2,924	59.24%	N/A	NR	66.27%	–	Opportunity	High confidence
HPP	Women with a live birth	Administrative	15-18	0	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
HPP	Women with a live birth	Administrative	19-20	1	0	0.00%	N/A	NR	N/A	NR	∅	High confidence
HPP	Women with a live birth	Administrative	2-20	1	0	0.00%	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	All members	Administrative	2-3	330	124	37.58%	N/A	NR	46.82%	–	Opportunity	High confidence
HHK	All members	Administrative	4-6	906	579	63.91%	N/A	NR	69.27%	–	Opportunity	High confidence
HHK	All members	Administrative	7-10	2,373	1,655	69.74%	N/A	NR	72.27%	–	Ø	High confidence
HHK	All members	Administrative	11-14	2,937	2,023	68.88%	N/A	NR	69.71%	–	Ø	High confidence
HHK	All members	Administrative	15-18	3,198	1,938	60.60%	N/A	NR	60.04%	+	Ø	High confidence
HHK	All members	Administrative	19-20	94	39	41.49%	N/A	NR	42.86%	–	Ø	High confidence
HHK	All members	Administrative	2-20	9,838	6,358	64.63%	N/A	NR	66.27%	–	Ø	High confidence
HHK	Women with a live birth	Administrative	15-18	3	1	33.33%	N/A	NR	N/A	NR	Ø	High confidence
HHK	Women with a live birth	Administrative	19-20	3	0	0.00%	N/A	NR	N/A	NR	Ø	High confidence
HHK	Women with a live birth	Administrative	2-20	6	1	16.67%	N/A	NR	N/A	NR	Ø	High confidence
IBC	All members	Administrative	2-3	208	107	51.44%	N/A	NR	46.82%	+	Strength	High confidence
IBC	All members	Administrative	4-6	642	488	76.01%	N/A	NR	69.27%	+	Strength	High confidence
IBC	All members	Administrative	7-10	1,676	1,303	77.74%	N/A	NR	72.27%	+	Strength	High confidence
IBC	All members	Administrative	11-14	2,361	1,737	73.57%	N/A	NR	69.71%	+	Strength	High confidence
IBC	All members	Administrative	15-18	2,503	1,583	63.24%	N/A	NR	60.04%	+	Strength	High confidence
IBC	All members	Administrative	19-20	50	29	58.00%	N/A	NR	42.86%	+	Strength	High confidence
IBC	All members	Administrative	2-20	7,440	5,247	70.52%	N/A	NR	66.27%	+	Strength	High confidence
IBC	Women with a live birth	Administrative	15-18	3	2	66.67%	N/A	NR	N/A	NR	Ø	High confidence
IBC	Women with a live birth	Administrative	19-20	1	0	0.00%	N/A	NR	N/A	NR	Ø	High confidence
IBC	Women with a live birth	Administrative	2-20	4	2	50.00%	N/A	NR	N/A	NR	Ø	High confidence
UHC	All members	Administrative	2-3	488	230	47.13%	N/A	NR	46.82%	+	Ø	High confidence
UHC	All members	Administrative	4-6	1,346	935	69.47%	N/A	NR	69.27%	+	Ø	High confidence
UHC	All members	Administrative	7-10	3,144	2,242	71.31%	N/A	NR	72.27%	–	Ø	High confidence
UHC	All members	Administrative	11-14	3,953	2,713	68.63%	N/A	NR	69.71%	–	Ø	High confidence
UHC	All members	Administrative	15-18	3,666	2,093	57.09%	N/A	NR	60.04%	–	Ø	High confidence
UHC	All members	Administrative	19-20	55	23	41.82%	N/A	NR	42.86%	–	Ø	High confidence
UHC	All members	Administrative	2-20	12,652	8,236	65.10%	N/A	NR	66.27%	–	Ø	High confidence
UHC	Women with a live birth	Administrative	15-18	5	3	60.00%	N/A	NR	N/A	NR	Ø	High confidence
UHC	Women with a live birth	Administrative	19-20	2	0	0.00%	N/A	NR	N/A	NR	Ø	High confidence
UHC	Women with a live birth	Administrative	2-20	7	3	42.86%	N/A	NR	N/A	NR	Ø	High confidence
UPMC	All members	Administrative	2-3	1,283	672	52.38%	N/A	NR	46.82%	+	Strength	High confidence
UPMC	All members	Administrative	4-6	2,893	2,158	74.59%	N/A	NR	69.27%	+	Strength	High confidence
UPMC	All members	Administrative	7-10	5,562	4,283	77.00%	N/A	NR	72.27%	+	Strength	High confidence
UPMC	All members	Administrative	11-14	6,036	4,556	75.48%	N/A	NR	69.71%	+	Strength	High confidence
UPMC	All members	Administrative	15-18	5,744	3,832	66.71%	N/A	NR	60.04%	+	Strength	High confidence
UPMC	All members	Administrative	19-20	119	58	48.74%	N/A	NR	42.86%	+	Strength	High confidence
UPMC	All members	Administrative	2-20	21,637	15,559	71.91%	N/A	NR	66.27%	+	Strength	High confidence
UPMC	Women with a live birth	Administrative	15-18	9	3	33.33%	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Women with a live birth	Administrative	19-20	2	2	100.00%	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Women with a live birth	Administrative	2-20	11	5	45.45%	N/A	NR	N/A	NR	Ø	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”



<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 5: Initiation and Engagement of Substance Use Disorder Treatment Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	4	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	4	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	11	4	N/A	N/A	NR	51.95%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	13	5	N/A	N/A	NR	47.16%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	11	2	N/A	N/A	NR	19.48%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	13	2	N/A	N/A	NR	17.89%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Total	Administrative	13-17	16	6	N/A	N/A	NR	47.78%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Total	Administrative	18-19	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment - Total	Administrative	Total	19	8	N/A	N/A	NR	43.45%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Total	Administrative	13-17	16	3	N/A	N/A	NR	17.78%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Total	Administrative	18-19	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment - Total	Administrative	Total	19	4	N/A	N/A	NR	17.24%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	17	9	N/A	N/A	NR	51.95%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	19	10	N/A	N/A	NR	47.16%	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	17	1	N/A	N/A	NR	19.48%	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	19	1	N/A	N/A	NR	17.89%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Total	Administrative	13-17	19	10	N/A	N/A	NR	47.78%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Total	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment - Total	Administrative	Total	23	11	N/A	N/A	NR	43.45%	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Total	Administrative	13-17	19	1	N/A	N/A	NR	17.78%	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Total	Administrative	18-19	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Engagement of SUD Treatment - Total	Administrative	Total	23	1	N/A	N/A	NR	17.24%	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	14	3	N/A	N/A	NR	51.95%	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	18	5	N/A	N/A	NR	47.16%	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	14	2	N/A	N/A	NR	19.48%	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	18	3	N/A	N/A	NR	17.89%	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Total	Administrative	13-17	16	4	N/A	N/A	NR	47.78%	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Total	Administrative	18-19	7	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Initiation of SUD Treatment - Total	Administrative	Total	23	6	N/A	N/A	NR	43.45%	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Total	Administrative	13-17	16	2	N/A	N/A	NR	17.78%	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Total	Administrative	18-19	7	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment - Total	Administrative	Total	23	3	N/A	N/A	NR	17.24%	NR	Ø	High confidence
HPP	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	6	1	N/A	N/A	NR	51.95%	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	3	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	10	4	N/A	N/A	NR	47.16%	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	6	1	N/A	N/A	NR	19.48%	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	10	1	N/A	N/A	NR	17.89%	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Total	Administrative	13-17	8	1	N/A	N/A	NR	47.78%	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Total	Administrative	18-19	4	3	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Initiation of SUD Treatment - Total	Administrative	Total	12	4	N/A	N/A	NR	43.45%	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Total	Administrative	13-17	8	1	N/A	N/A	NR	17.78%	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Total	Administrative	18-19	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Engagement of SUD Treatment - Total	Administrative	Total	12	1	N/A	N/A	NR	17.24%	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	4	2	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	6	2	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	6	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	32	13	40.63%	N/A	NR	51.95%	–	Opportunity	High confidence
HHK	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	36	14	38.89%	N/A	NR	47.16%	–	Opportunity	High confidence
HHK	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	32	3	9.38%	N/A	NR	19.48%	–	Opportunity	High confidence
HHK	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	36	4	11.11%	N/A	NR	17.89%	–	Opportunity	High confidence
HHK	Initiation of SUD Treatment - Total	Administrative	13-17	36	15	41.67%	N/A	NR	47.78%	–	Opportunity	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Initiation of SUD Treatment - Total	Administrative	18-19	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment - Total	Administrative	Total	42	16	38.10%	N/A	NR	43.45%	–	Opportunity	High confidence
HHK	Engagement of SUD Treatment - Total	Administrative	13-17	36	4	11.11%	N/A	NR	17.78%	–	Opportunity	High confidence
HHK	Engagement of SUD Treatment - Total	Administrative	18-19	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment - Total	Administrative	Total	42	5	11.90%	N/A	NR	17.24%	–	Opportunity	High confidence
IBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	17	7	N/A	N/A	NR	51.95%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	21	8	N/A	N/A	NR	47.16%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	17	3	N/A	N/A	NR	19.48%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	21	3	N/A	N/A	NR	17.89%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Total	Administrative	13-17	20	9	N/A	N/A	NR	47.78%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Total	Administrative	18-19	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment - Total	Administrative	Total	25	10	N/A	N/A	NR	43.45%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Total	Administrative	13-17	20	4	N/A	N/A	NR	17.78%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Total	Administrative	18-19	5	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment - Total	Administrative	Total	25	4	N/A	N/A	NR	17.24%	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	23	14	N/A	N/A	NR	51.95%	NR	∅	High confidence
UHC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	9	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	32	16	50.00%	N/A	NR	47.16%	+	∅	High confidence
UHC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	23	5	N/A	N/A	NR	19.48%	NR	∅	High confidence
UHC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	9	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	32	5	15.63%	N/A	NR	17.89%	–	∅	High confidence
UHC	Initiation of SUD Treatment - Total	Administrative	13-17	27	15	N/A	N/A	NR	47.78%	NR	∅	High confidence
UHC	Initiation of SUD Treatment - Total	Administrative	18-19	9	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Initiation of SUD Treatment - Total	Administrative	Total	36	17	47.22%	N/A	NR	43.45%	+	Strength	High confidence
UHC	Engagement of SUD Treatment - Total	Administrative	13-17	27	6	N/A	N/A	NR	17.78%	NR	∅	High confidence
UHC	Engagement of SUD Treatment - Total	Administrative	18-19	9	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Engagement of SUD Treatment - Total	Administrative	Total	36	6	16.67%	N/A	NR	17.24%	–	∅	High confidence
UPMC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	9	1	N/A	42.86%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	66.67%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Alcohol Use Disorder	Administrative	Total	11	1	N/A	47.06%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	13-17	9	0	N/A	21.43%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	18-19	2	0	N/A	33.33%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Alcohol Use Disorder	Administrative	Total	11	0	N/A	23.53%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	100.00%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	1	N/A	100.00%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	13-17	0	0	N/A	100.00%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Opioid Use Disorder	Administrative	Total	1	1	N/A	100.00%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	45	27	60.00%	62.75%	–	51.95%	+	Strength	High confidence
UPMC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	10	1	N/A	66.67%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Other Drug Use Disorder	Administrative	Total	55	28	50.91%	63.16%	–	47.16%	+	Strength	High confidence
UPMC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	13-17	45	12	26.67%	23.53%	+	19.48%	+	Strength	High confidence
UPMC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	18-19	10	1	N/A	16.67%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Other Drug Use Disorder	Administrative	Total	55	13	23.64%	22.81%	+	17.89%	+	Strength	High confidence
UPMC	Initiation of SUD Treatment - Total	Administrative	13-17	54	28	51.85%	59.09%	–	47.78%	+	Strength	High confidence
UPMC	Initiation of SUD Treatment - Total	Administrative	18-19	13	2	N/A	66.67%	NR	N/A	NR	∅	High confidence
UPMC	Initiation of SUD Treatment - Total	Administrative	Total	67	30	44.78%	60.00%	–	43.45%	+	∅	High confidence
UPMC	Engagement of SUD Treatment - Total	Administrative	13-17	54	12	22.22%	24.24%	–	17.78%	+	Strength	High confidence
UPMC	Engagement of SUD Treatment - Total	Administrative	18-19	13	2	N/A	22.22%	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment - Total	Administrative	Total	67	14	20.90%	24.00%	–	17.24%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.



MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; SUD: substance use disorder; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 6: Initiation and Engagement of Substance Use Disorder Treatment Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Initiation of SUD Treatment	Race	White	10	3	N/A	N/A	NR	46.94%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Black or African American	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Some Other Race	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Race	Unknown	4	2	N/A	N/A	NR	39.02%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	45.28%	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Initiation of SUD Treatment	Ethnicity	Unknown	19	8	N/A	N/A	NR	39.02%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	White	10	1	N/A	N/A	NR	20.41%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Black or African American	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Some Other Race	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Race	Unknown	4	1	N/A	N/A	NR	12.20%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	18.87%	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Engagement of SUD Treatment	Ethnicity	Unknown	19	4	N/A	N/A	NR	12.20%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	White	21	11	N/A	N/A	NR	46.94%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Some Other Race	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Race	Unknown	0	0	N/A	N/A	NR	39.02%	NR	Ø	High confidence
CBC	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	21	11	N/A	N/A	NR	45.28%	NR	∅	High confidence
CBC	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Initiation of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	39.02%	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	White	21	1	N/A	N/A	NR	20.41%	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Some Other Race	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Race	Unknown	0	0	N/A	N/A	NR	12.20%	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	21	1	N/A	N/A	NR	18.87%	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Engagement of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	12.20%	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	White	15	4	N/A	N/A	NR	46.94%	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Asked but No Answer	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Race	Unknown	4	2	N/A	N/A	NR	39.02%	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	12	3	N/A	N/A	NR	45.28%	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Initiation of SUD Treatment	Ethnicity	Unknown	8	3	N/A	N/A	NR	39.02%	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	White	15	3	N/A	N/A	NR	20.41%	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Asked but No Answer	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Race	Unknown	4	0	N/A	N/A	NR	12.20%	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	12	2	N/A	N/A	NR	18.87%	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Engagement of SUD Treatment	Ethnicity	Unknown	8	1	N/A	N/A	NR	12.20%	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	White	3	0	N/A	N/A	NR	46.94%	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Black or African American	6	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Asian	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Some Other Race	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Race	Unknown	0	0	N/A	N/A	NR	39.02%	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	45.28%	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Initiation of SUD Treatment	Ethnicity	Unknown	12	4	N/A	N/A	NR	39.02%	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	White	3	0	N/A	N/A	NR	20.41%	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Black or African American	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Some Other Race	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Race	Unknown	0	0	N/A	N/A	NR	12.20%	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	18.87%	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Engagement of SUD Treatment	Ethnicity	Unknown	12	1	N/A	N/A	NR	12.20%	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	White	0	0	N/A	N/A	NR	46.94%	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Some Other Race	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Race	Unknown	41	16	39.02%	N/A	NR	39.02%	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	45.28%	NR	Ø	High confidence
HHK	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Initiation of SUD Treatment	Ethnicity	Unknown	41	16	39.02%	N/A	NR	39.02%	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	White	0	0	N/A	N/A	NR	20.41%	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Some Other Race	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Race	Unknown	41	5	12.20%	N/A	NR	12.20%	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	18.87%	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Engagement of SUD Treatment	Ethnicity	Unknown	41	5	12.20%	N/A	NR	12.20%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	White	12	4	N/A	N/A	NR	46.94%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Black or African American	10	5	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Race	Unknown	2	1	N/A	N/A	NR	39.02%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	23	9	N/A	N/A	NR	45.28%	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Initiation of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	39.02%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	White	12	0	N/A	N/A	NR	20.41%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Black or African American	10	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Race	Unknown	2	1	N/A	N/A	NR	12.20%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	23	3	N/A	N/A	NR	18.87%	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Engagement of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	12.20%	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Initiation of SUD Treatment	Race	White	21	8	N/A	N/A	NR	46.94%	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Black or African American	5	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Asian	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Race	Unknown	8	7	N/A	N/A	NR	39.02%	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	9	6	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	27	11	N/A	N/A	NR	45.28%	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Initiation of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	39.02%	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	White	21	2	N/A	N/A	NR	20.41%	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Black or African American	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Asian	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Race	Unknown	8	3	N/A	N/A	NR	12.20%	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	9	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	27	3	N/A	N/A	NR	18.87%	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Engagement of SUD Treatment	Ethnicity	Unknown	0	0	N/A	N/A	NR	12.20%	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	White	49	23	46.94%	N/A	NR	46.94%	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Black or African American	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Asian	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Asked but No Answer	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Race	Unknown	12	5	N/A	N/A	NR	39.02%	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Ethnicity	Not Hispanic or Latino	53	24	45.28%	N/A	NR	45.28%	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Initiation of SUD Treatment	Ethnicity	Unknown	14	6	N/A	N/A	NR	39.02%	NR	Ø	High confidence
UPMC	Engagement of SUD Treatment	Race	White	49	10	20.41%	N/A	NR	20.41%	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Engagement of SUD Treatment	Race	Black or African American	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Asian	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Asked but No Answer	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Race	Unknown	12	3	N/A	N/A	NR	12.20%	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Ethnicity	Not Hispanic or Latino	53	10	18.87%	N/A	NR	18.87%	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Engagement of SUD Treatment	Ethnicity	Unknown	14	4	N/A	N/A	NR	12.20%	NR	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; SUD: substance use disorder; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 7: Prenatal and Postpartum Care Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Timeliness of Prenatal Care	Hybrid	All	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Hybrid	All	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Hybrid	All	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Postpartum Care	Hybrid	All	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Timeliness of Prenatal Care	Hybrid	All	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Postpartum Care	Hybrid	All	4	3	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Timeliness of Prenatal Care	Hybrid	All	5	4	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Postpartum Care	Hybrid	All	5	2	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Timeliness of Prenatal Care	Hybrid	All	5	4	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Postpartum Care	Hybrid	All	5	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Timeliness of Prenatal Care	Hybrid	All	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Postpartum Care	Hybrid	All	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Timeliness of Prenatal Care	Hybrid	All	5	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Postpartum Care	Hybrid	All	5	4	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Timeliness of Prenatal Care	Hybrid	All	11	7	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Hybrid	All	11	10	N/A	N/A	NR	N/A	NR	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to MMC rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the CHIP WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 8: Prenatal and Postpartum Care Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Timeliness of Prenatal Care	Race	White	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Timeliness of Prenatal Care	Ethnicity	Unknown	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	White	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Postpartum Care	Ethnicity	Unknown	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	White	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Black or African American	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Timeliness of Prenatal Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	White	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Black or African American	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Ethnicity	Not Hispanic or Latino	3	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Postpartum Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	White	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Black or African American	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Asked but No Answer	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Timeliness of Prenatal Care	Ethnicity	Unknown	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	White	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Black or African American	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Asked but No Answer	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Ethnicity	Hispanic or Latino	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Postpartum Care	Ethnicity	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Black or African American	3	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Some Other Race	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Race	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	3	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Timeliness of Prenatal Care	Ethnicity	Unknown	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Black or African American	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Some Other Race	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Race	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Ethnicity	Not Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Postpartum Care	Ethnicity	Unknown	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Race	Unknown	5	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Timeliness of Prenatal Care	Ethnicity	Unknown	5	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Race	Unknown	5	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Postpartum Care	Ethnicity	Unknown	5	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	White	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Black or African American	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Race	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Timeliness of Prenatal Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	White	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Black or African American	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Race	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Ethnicity	Not Hispanic or Latino	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Postpartum Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Timeliness of Prenatal Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Race	Unknown	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Timeliness of Prenatal Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Black or African American	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Race	Unknown	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Ethnicity	Hispanic or Latino	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Ethnicity	Not Hispanic or Latino	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Postpartum Care	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	White	4	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Race	Unknown	5	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Ethnicity	Not Hispanic or Latino	6	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Timeliness of Prenatal Care	Ethnicity	Unknown	5	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Postpartum Care	Race	White	4	4	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Postpartum Care	Race	Black or African American	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Race	Unknown	5	5	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Ethnicity	Not Hispanic or Latino	6	5	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Postpartum Care	Ethnicity	Unknown	5	5	N/A	N/A	NR	N/A	NR	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 9: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	20	6	N/A	N/A	NR	60.61%	NR	∅	High confidence
ABH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	22	8	N/A	N/A	NR	54.79%	NR	∅	High confidence
CBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	13	4	N/A	N/A	NR	60.61%	NR	∅	High confidence
CBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	13	4	N/A	N/A	NR	54.79%	NR	∅	High confidence
GEI	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	3	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	8	5	N/A	N/A	NR	60.61%	NR	∅	High confidence
GEI	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	11	6	N/A	N/A	NR	54.79%	NR	∅	High confidence
HPP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	1	1	N/A	N/A	NR	60.61%	NR	∅	High confidence
HPP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	1	1	N/A	N/A	NR	54.79%	NR	∅	High confidence
HHK	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	6	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	28	14	N/A	N/A	NR	60.61%	NR	∅	High confidence
HHK	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	34	15	44.12%	N/A	NR	54.79%	–	Opportunity	High confidence
IBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	13	11	N/A	N/A	NR	60.61%	NR	∅	High confidence
IBC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	14	11	N/A	N/A	NR	54.79%	NR	∅	High confidence
UHC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	3	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	15	8	N/A	N/A	NR	60.61%	NR	∅	High confidence
UHC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	18	9	N/A	N/A	NR	54.79%	NR	∅	High confidence
UPMC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	1-11	6	5	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	12-17	33	20	60.61%	69.23%	–	60.61%	n.s.	∅	High confidence
UPMC	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Administrative	Total	39	25	64.10%	65.91%	–	54.79%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the CHIP WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

*Behavioral Health Care*

The measures in the Behavioral Health Care category are listed in **Table 10**, followed by the measure data in **Tables 11–19**.

**Table 10: Behavioral Health Measure Descriptions**

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Diagnosed Mental Health Disorders	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 1 year of age and older who were diagnosed with a mental health disorder during the MY. The measure provides information on the diagnosed prevalence of mental health disorders. Neither a higher nor lower rate indicates better performance.	N/A	Ages 1–17 years, ages 18–19 years, and total ages
NCQA	Diagnosed Substance Use Disorders	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 13 years of age and older diagnosed with a substance use disorder (SUD) during the MY. The measure provides information on the diagnosed prevalence of SUDs. Neither a higher nor lower rate indicates better performance.	Rate 1: The percentage of members diagnosed with an alcohol disorder. Rate 2: The percentage of members diagnosed with an opioid disorder. Rate 3: The percentage of members diagnosed with a disorder for other or unspecified drugs. Rate 4: The percentage of members diagnosed with any SUD.	Ages 13–17 years, ages 18–19 years, and total ages
NCQA	Follow-Up After Emergency Department Visit for Mental Illness	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit with a corresponding principal diagnosis for mental illness.	Rate 1: The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days). Rate 2: The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).	Ages 6–17 years, 18–19 years, and total ages
NCQA	Follow-Up After Emergency Department Visit for Substance Use	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit with a corresponding principal diagnosis for AOD abuse or dependence.	Rate 1: The percentage of ED visits for mental illness for which the member received follow-up within 7 days of the ED visit (8 total days). Rate 2: The percentage of ED visits for mental illness for which the member received follow-up within 30 days of the ED visit (31 total days).	Ages 13–17 years, 18–19 years, and total ages
NCQA	Follow-Up After Hospitalization for Mental Illness	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of discharges for beneficiaries ages 6 to 19 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.	Rate 1: The percentage of discharges for which the beneficiary received follow-up within 7 days after discharge. Rate 2: The percentage of discharges for which the beneficiary received follow-up within 30 days after discharge.	Ages 6–17 years and ages 18–19 years
NCQA	Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Rate 1: Initiation Phase. The percentage of members ages 6–12 years as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Rate 2: Continuation and Maintenance Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	Ages 6–12 years
NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 1–17 years who had two or more antipsychotic prescriptions and had metabolic testing.	Rate 1: The percentage of children and adolescents on antipsychotics who received blood glucose testing. Rate 2: The percentage of children and adolescents on antipsychotics who received cholesterol testing.	Ages 1–11 years, ages 12–17 years, and total ages

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
					Rate 3: The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	
CMS	Screening for Depression and Follow-Up Plan	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter. MY 2023 is the first report for this measure	N/A	Ages 12–17 years

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MCO: managed care organization; N/A: not applicable.

Table 11: Diagnosed Mental Health Disorders Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Diagnosed Mental Health Disorders	Administrative	1-17	9,244	1,144	12.38%	11.88%	NR	NR	NR	∅	High confidence
ABH	Diagnosed Mental Health Disorders	Administrative	18-19	661	102	15.43%	16.10%	NR	NR	NR	∅	High confidence
ABH	Diagnosed Mental Health Disorders	Administrative	Total	9,905	1,246	12.58%	12.20%	NR	NR	NR	∅	High confidence
CBC	Diagnosed Mental Health Disorders	Administrative	1-17	6,735	1,202	17.85%	16.90%	NR	NR	NR	∅	High confidence
CBC	Diagnosed Mental Health Disorders	Administrative	18-19	556	132	23.74%	24.58%	NR	NR	NR	∅	High confidence
CBC	Diagnosed Mental Health Disorders	Administrative	Total	7,291	1,334	18.30%	17.55%	NR	NR	NR	∅	High confidence
GEI	Diagnosed Mental Health Disorders	Administrative	1-17	8,201	1,431	17.45%	16.17%	NR	NR	NR	∅	High confidence
GEI	Diagnosed Mental Health Disorders	Administrative	18-19	516	122	23.64%	23.38%	NR	NR	NR	∅	High confidence
GEI	Diagnosed Mental Health Disorders	Administrative	Total	8,717	1,553	17.82%	16.71%	NR	NR	NR	∅	High confidence
HPP	Diagnosed Mental Health Disorders	Administrative	1-17	4,990	554	11.10%	9.86%	NR	NR	NR	∅	High confidence
HPP	Diagnosed Mental Health Disorders	Administrative	18-19	441	51	11.56%	11.40%	NR	NR	NR	∅	High confidence
HPP	Diagnosed Mental Health Disorders	Administrative	Total	5,431	605	11.14%	9.98%	NR	NR	NR	∅	High confidence
HHK	Diagnosed Mental Health Disorders	Administrative	1-17	10,257	1,926	18.78%	18.27%	NR	NR	NR	∅	High confidence
HHK	Diagnosed Mental Health Disorders	Administrative	18-19	1,054	262	24.86%	26.97%	NR	NR	NR	∅	High confidence
HHK	Diagnosed Mental Health Disorders	Administrative	Total	11,311	2,188	19.34%	19.07%	NR	NR	NR	∅	High confidence
IBC	Diagnosed Mental Health Disorders	Administrative	1-17	7,900	1,186	15.01%	N/A	NR	NR	NR	∅	High confidence
IBC	Diagnosed Mental Health Disorders	Administrative	18-19	786	137	17.43%	N/A	NR	NR	NR	∅	High confidence
IBC	Diagnosed Mental Health Disorders	Administrative	Total	8,686	1,323	15.23%	N/A	NR	NR	NR	∅	High confidence
UHC	Diagnosed Mental Health Disorders	Administrative	1-17	12,659	1,860	14.69%	14.46%	NR	NR	NR	∅	High confidence
UHC	Diagnosed Mental Health Disorders	Administrative	18-19	906	168	18.54%	19.30%	NR	NR	NR	∅	High confidence
UHC	Diagnosed Mental Health Disorders	Administrative	Total	13,565	2,028	14.95%	14.84%	NR	NR	NR	∅	High confidence
UPMC	Diagnosed Mental Health Disorders	Administrative	1-17	23,842	5,233	21.95%	19.77%	NR	NR	NR	∅	High confidence
UPMC	Diagnosed Mental Health Disorders	Administrative	18-19	2,183	629	28.81%	28.48%	NR	NR	NR	∅	High confidence
UPMC	Diagnosed Mental Health Disorders	Administrative	Total	26,025	5,862	22.52%	20.59%	NR	NR	NR	∅	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”  
<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 12: Diagnosed Substance Use Disorders Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Alcohol	Administrative	13-17	3,586	1	0.03%	0.10%	NR	NR	NR	Ø	High confidence
ABH	Alcohol	Administrative	18-19	661	1	0.15%	0.38%	NR	NR	NR	Ø	High confidence
ABH	Alcohol	Administrative	Total	4,247	2	0.05%	0.15%	NR	NR	NR	Ø	High confidence
ABH	Opioid	Administrative	13-17	3,586	2	0.06%	0.00%	NR	NR	NR	Ø	High confidence
ABH	Opioid	Administrative	18-19	661	0	0.00%	0.00%	NR	NR	NR	Ø	High confidence
ABH	Opioid	Administrative	Total	4,247	2	0.05%	0.00%	NR	NR	NR	Ø	High confidence
ABH	Other	Administrative	13-17	3,586	7	0.20%	0.30%	NR	NR	NR	Ø	High confidence
ABH	Other	Administrative	18-19	661	5	0.76%	1.04%	NR	NR	NR	Ø	High confidence
ABH	Other	Administrative	Total	4,247	12	0.28%	0.43%	NR	NR	NR	Ø	High confidence
ABH	Any	Administrative	13-17	3,586	10	0.28%	0.36%	NR	NR	NR	Ø	High confidence
ABH	Any	Administrative	18-19	661	6	0.91%	1.41%	NR	NR	NR	Ø	High confidence
ABH	Any	Administrative	Total	4,247	16	0.38%	0.55%	NR	NR	NR	Ø	High confidence
CBC	Alcohol	Administrative	13-17	2,873	4	0.14%	0.11%	NR	NR	NR	Ø	High confidence
CBC	Alcohol	Administrative	18-19	556	3	0.54%	0.24%	NR	NR	NR	Ø	High confidence
CBC	Alcohol	Administrative	Total	3,429	7	0.20%	0.13%	NR	NR	NR	Ø	High confidence
CBC	Opioid	Administrative	13-17	2,873	0	0.00%	0.05%	NR	NR	NR	Ø	High confidence
CBC	Opioid	Administrative	18-19	556	1	0.18%	0.00%	NR	NR	NR	Ø	High confidence
CBC	Opioid	Administrative	Total	3,429	1	0.03%	0.04%	NR	NR	NR	Ø	High confidence
CBC	Other	Administrative	13-17	2,873	11	0.38%	0.43%	NR	NR	NR	Ø	High confidence
CBC	Other	Administrative	18-19	556	1	0.18%	0.73%	NR	NR	NR	Ø	High confidence
CBC	Other	Administrative	Total	3,429	12	0.35%	0.49%	NR	NR	NR	Ø	High confidence
CBC	Any	Administrative	13-17	2,873	13	0.45%	0.57%	NR	NR	NR	Ø	High confidence
CBC	Any	Administrative	18-19	556	5	0.90%	0.97%	NR	NR	NR	Ø	High confidence
CBC	Any	Administrative	Total	3,429	18	0.52%	0.64%	NR	NR	NR	Ø	High confidence
GEI	Alcohol	Administrative	13-17	2,996	2	0.07%	0.06%	NR	NR	NR	Ø	High confidence
GEI	Alcohol	Administrative	18-19	516	1	0.19%	0.00%	NR	NR	NR	Ø	High confidence
GEI	Alcohol	Administrative	Total	3,512	3	0.09%	0.05%	NR	NR	NR	Ø	High confidence
GEI	Opioid	Administrative	13-17	2,996	1	0.03%	0.03%	NR	NR	NR	Ø	High confidence
GEI	Opioid	Administrative	18-19	516	0	0.00%	0.00%	NR	NR	NR	Ø	High confidence
GEI	Opioid	Administrative	Total	3,512	1	0.03%	0.03%	NR	NR	NR	Ø	High confidence
GEI	Other	Administrative	13-17	2,996	13	0.43%	0.50%	NR	NR	NR	Ø	High confidence
GEI	Other	Administrative	18-19	516	4	0.78%	0.59%	NR	NR	NR	Ø	High confidence
GEI	Other	Administrative	Total	3,512	17	0.48%	0.51%	NR	NR	NR	Ø	High confidence
GEI	Any	Administrative	13-17	2,996	15	0.50%	0.50%	NR	NR	NR	Ø	High confidence
GEI	Any	Administrative	18-19	516	5	0.97%	0.59%	NR	NR	NR	Ø	High confidence
GEI	Any	Administrative	Total	3,512	20	0.57%	0.51%	NR	NR	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Alcohol	Administrative	13-17	2,067	1	0.05%	0.07%	NR	NR	NR	Ø	High confidence
HPP	Alcohol	Administrative	18-19	441	2	0.45%	0.35%	NR	NR	NR	Ø	High confidence
HPP	Alcohol	Administrative	Total	2,508	3	0.12%	0.12%	NR	NR	NR	Ø	High confidence
HPP	Opioid	Administrative	13-17	2,067	0	0.00%	0.00%	NR	NR	NR	Ø	High confidence
HPP	Opioid	Administrative	18-19	441	1	0.23%	0.18%	NR	NR	NR	Ø	High confidence
HPP	Opioid	Administrative	Total	2,508	1	0.04%	0.03%	NR	NR	NR	Ø	High confidence
HPP	Other	Administrative	13-17	2,067	4	0.19%	0.22%	NR	NR	NR	Ø	High confidence
HPP	Other	Administrative	18-19	441	4	0.91%	0.53%	NR	NR	NR	Ø	High confidence
HPP	Other	Administrative	Total	2,508	8	0.32%	0.27%	NR	NR	NR	Ø	High confidence
HPP	Any	Administrative	13-17	2,067	5	0.24%	0.29%	NR	NR	NR	Ø	High confidence
HPP	Any	Administrative	18-19	441	6	1.36%	1.05%	NR	NR	NR	Ø	High confidence
HPP	Any	Administrative	Total	2,508	11	0.44%	0.42%	NR	NR	NR	Ø	High confidence
HHK	Alcohol	Administrative	13-17	4,462	5	0.11%	0.08%	NR	NR	NR	Ø	High confidence
HHK	Alcohol	Administrative	18-19	1,054	3	0.28%	0.21%	NR	NR	NR	Ø	High confidence
HHK	Alcohol	Administrative	Total	5,516	8	0.15%	0.11%	NR	NR	NR	Ø	High confidence
HHK	Opioid	Administrative	13-17	4,462	2	0.04%	0.00%	NR	NR	NR	Ø	High confidence
HHK	Opioid	Administrative	18-19	1,054	0	0.00%	0.00%	NR	NR	NR	Ø	High confidence
HHK	Opioid	Administrative	Total	5,516	2	0.04%	0.00%	NR	NR	NR	Ø	High confidence
HHK	Other	Administrative	13-17	4,462	29	0.65%	0.56%	NR	NR	NR	Ø	High confidence
HHK	Other	Administrative	18-19	1,054	7	0.66%	0.77%	NR	NR	NR	Ø	High confidence
HHK	Other	Administrative	Total	5,516	36	0.65%	0.60%	NR	NR	NR	Ø	High confidence
HHK	Any	Administrative	13-17	4,462	33	0.74%	0.61%	NR	NR	NR	Ø	High confidence
HHK	Any	Administrative	18-19	1,054	9	0.85%	0.84%	NR	NR	NR	Ø	High confidence
HHK	Any	Administrative	Total	5,516	42	0.76%	0.66%	NR	NR	NR	Ø	High confidence
IBC	Alcohol	Administrative	13-17	3,562	2	0.06%	N/A	NR	NR	NR	Ø	High confidence
IBC	Alcohol	Administrative	18-19	786	0	0.00%	N/A	NR	NR	NR	Ø	High confidence
IBC	Alcohol	Administrative	Total	4,348	2	0.05%	N/A	NR	NR	NR	Ø	High confidence
IBC	Opioid	Administrative	13-17	3,562	0	0.00%	N/A	NR	NR	NR	Ø	High confidence
IBC	Opioid	Administrative	18-19	786	1	0.13%	N/A	NR	NR	NR	Ø	High confidence
IBC	Opioid	Administrative	Total	4,348	1	0.02%	N/A	NR	NR	NR	Ø	High confidence
IBC	Other	Administrative	13-17	3,562	14	0.39%	N/A	NR	NR	NR	Ø	High confidence
IBC	Other	Administrative	18-19	786	6	0.76%	N/A	NR	NR	NR	Ø	High confidence
IBC	Other	Administrative	Total	4,348	20	0.46%	N/A	NR	NR	NR	Ø	High confidence
IBC	Any	Administrative	13-17	3,562	14	0.39%	N/A	NR	NR	NR	Ø	High confidence
IBC	Any	Administrative	18-19	786	6	0.76%	N/A	NR	NR	NR	Ø	High confidence
IBC	Any	Administrative	Total	4,348	20	0.46%	N/A	NR	NR	NR	Ø	High confidence
UHC	Alcohol	Administrative	13-17	5,212	5	0.10%	0.08%	NR	NR	NR	Ø	High confidence
UHC	Alcohol	Administrative	18-19	906	1	0.11%	0.33%	NR	NR	NR	Ø	High confidence
UHC	Alcohol	Administrative	Total	6,118	6	0.10%	0.13%	NR	NR	NR	Ø	High confidence
UHC	Opioid	Administrative	13-17	5,212	1	0.02%	0.00%	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Opioid	Administrative	18-19	906	0	0.00%	0.00%	NR	NR	NR	∅	High confidence
UHC	Opioid	Administrative	Total	6,118	1	0.02%	0.00%	NR	NR	NR	∅	High confidence
UHC	Other	Administrative	13-17	5,212	18	0.35%	0.27%	NR	NR	NR	∅	High confidence
UHC	Other	Administrative	18-19	906	9	0.99%	1.19%	NR	NR	NR	∅	High confidence
UHC	Other	Administrative	Total	6,118	27	0.44%	0.43%	NR	NR	NR	∅	High confidence
UHC	Any	Administrative	13-17	5,212	21	0.40%	0.34%	NR	NR	NR	∅	High confidence
UHC	Any	Administrative	18-19	906	10	1.10%	1.53%	NR	NR	NR	∅	High confidence
UHC	Any	Administrative	Total	6,118	31	0.51%	0.55%	NR	NR	NR	∅	High confidence
UPMC	Alcohol	Administrative	13-17	8,668	7	0.08%	0.17%	NR	NR	NR	∅	High confidence
UPMC	Alcohol	Administrative	18-19	2,183	9	0.41%	0.27%	NR	NR	NR	∅	High confidence
UPMC	Alcohol	Administrative	Total	10,851	16	0.15%	0.19%	NR	NR	NR	∅	High confidence
UPMC	Opioid	Administrative	13-17	8,668	1	0.01%	0.02%	NR	NR	NR	∅	High confidence
UPMC	Opioid	Administrative	18-19	2,183	2	0.09%	0.04%	NR	NR	NR	∅	High confidence
UPMC	Opioid	Administrative	Total	10,851	3	0.03%	0.03%	NR	NR	NR	∅	High confidence
UPMC	Other	Administrative	13-17	8,668	57	0.66%	0.55%	NR	NR	NR	∅	High confidence
UPMC	Other	Administrative	18-19	2,183	21	0.96%	0.66%	NR	NR	NR	∅	High confidence
UPMC	Other	Administrative	Total	10,851	78	0.72%	0.58%	NR	NR	NR	∅	High confidence
UPMC	Any	Administrative	13-17	8,668	59	0.68%	0.65%	NR	NR	NR	∅	High confidence
UPMC	Any	Administrative	18-19	2,183	26	1.19%	0.89%	NR	NR	NR	∅	High confidence
UPMC	Any	Administrative	Total	10,851	85	0.78%	0.70%	NR	NR	NR	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

**Table 13: Follow-Up After Emergency Department Visit for Mental Illness Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	7 days	Administrative	6-17	42	8	19.05%	32.26%	–	41.85%	–	Opportunity	High confidence
ABH	7 days	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 days	Administrative	Total	43	8	18.60%	32.35%	–	40.14%	–	Opportunity	High confidence
ABH	30 days	Administrative	6-17	42	16	38.10%	45.16%	–	59.91%	–	Opportunity	High confidence
ABH	30 days	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 days	Administrative	Total	43	16	37.21%	44.12%	–	57.04%	–	Opportunity	High confidence
CBC	7 days	Administrative	6-17	28	13	N/A	48.65%	NR	41.85%	NR	∅	High confidence
CBC	7 days	Administrative	18-19	5	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	7 days	Administrative	Total	33	13	39.39%	46.15%	–	40.14%	–	∅	High confidence
CBC	30 days	Administrative	6-17	28	15	N/A	75.68%	NR	59.91%	NR	∅	High confidence
CBC	30 days	Administrative	18-19	5	4	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	30 days	Administrative	Total	33	19	57.58%	74.36%	–	57.04%	+	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	7 days	Administrative	6-17	32	11	34.38%	51.35%	–	41.85%	–	Opportunity	High confidence
GEI	7 days	Administrative	18-19	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	7 days	Administrative	Total	37	12	32.43%	50.00%	–	40.14%	–	Opportunity	High confidence
GEI	30 days	Administrative	6-17	32	18	56.25%	72.97%	–	59.91%	–	Opportunity	High confidence
GEI	30 days	Administrative	18-19	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	30 days	Administrative	Total	37	19	51.35%	71.05%	–	57.04%	–	Opportunity	High confidence
HPP	7 days	Administrative	6-17	10	1	N/A	N/A	NR	41.85%	NR	∅	High confidence
HPP	7 days	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	7 days	Administrative	Total	10	1	N/A	N/A	NR	40.14%	NR	∅	High confidence
HPP	30 days	Administrative	6-17	10	4	N/A	N/A	NR	59.91%	NR	∅	High confidence
HPP	30 days	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	30 days	Administrative	Total	10	4	N/A	N/A	NR	57.04%	NR	∅	High confidence
HHK	7 days	Administrative	6-17	46	19	41.30%	50.00%	–	41.85%	–	∅	High confidence
HHK	7 days	Administrative	18-19	7	2	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	7 days	Administrative	Total	53	21	39.62%	47.69%	–	40.14%	–	∅	High confidence
HHK	30 days	Administrative	6-17	46	30	65.22%	69.35%	–	59.91%	+	Strength	High confidence
HHK	30 days	Administrative	18-19	7	3	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	30 days	Administrative	Total	53	33	62.26%	69.23%	–	57.04%	+	Strength	High confidence
IBC	7 days	Administrative	6-17	14	6	N/A	N/A	NR	41.85%	NR	∅	High confidence
IBC	7 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	7 days	Administrative	Total	16	6	N/A	N/A	NR	40.14%	NR	∅	High confidence
IBC	30 days	Administrative	6-17	14	7	N/A	N/A	NR	59.91%	NR	∅	High confidence
IBC	30 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	30 days	Administrative	Total	16	7	N/A	N/A	NR	57.04%	NR	∅	High confidence
UHC	7 days	Administrative	6-17	38	14	36.84%	50.98%	–	41.85%	–	Opportunity	High confidence
UHC	7 days	Administrative	18-19	6	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	7 days	Administrative	Total	44	16	36.36%	48.15%	–	40.14%	–	Opportunity	High confidence
UHC	30 days	Administrative	6-17	38	20	52.63%	76.47%	–	59.91%	–	Opportunity	High confidence
UHC	30 days	Administrative	18-19	6	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	30 days	Administrative	Total	44	22	50.00%	72.22%	–	57.04%	–	Opportunity	High confidence
UPMC	7 days	Administrative	6-17	69	43	62.32%	55.68%	+	41.85%	+	Strength	High confidence
UPMC	7 days	Administrative	18-19	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	7 days	Administrative	Total	74	44	59.46%	55.56%	+	40.14%	+	Strength	High confidence
UPMC	30 days	Administrative	6-17	69	52	75.36%	79.55%	–	59.91%	+	Strength	High confidence
UPMC	30 days	Administrative	18-19	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	30 days	Administrative	Total	74	53	71.62%	77.78%	–	57.04%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.



Table 14: Follow-Up After Emergency Department Visit for Substance Use Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	7 days	Administrative	13-17	10	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	7 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	7 days	Administrative	Total	12	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 days	Administrative	13-17	10	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 days	Administrative	Total	12	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 days	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 days	Administrative	Total	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 days	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 days	Administrative	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 days	Administrative	Total	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 days	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 days	Administrative	18-19	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 days	Administrative	Total	5	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 days	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 days	Administrative	18-19	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 days	Administrative	Total	5	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 days	Administrative	13-17	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 days	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 days	Administrative	Total	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 days	Administrative	13-17	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 days	Administrative	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 days	Administrative	Total	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 days	Administrative	13-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 days	Administrative	18-19	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 days	Administrative	Total	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 days	Administrative	13-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 days	Administrative	18-19	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 days	Administrative	Total	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 days	Administrative	13-17	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 days	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 days	Administrative	Total	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 days	Administrative	13-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 days	Administrative	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 days	Administrative	Total	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 days	Administrative	13-17	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 days	Administrative	18-19	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 days	Administrative	Total	9	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 days	Administrative	13-17	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	30 days	Administrative	18-19	3	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	30 days	Administrative	Total	9	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	7 days	Administrative	13-17	7	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	7 days	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	7 days	Administrative	Total	11	3	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	30 days	Administrative	13-17	7	3	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	30 days	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	30 days	Administrative	Total	11	4	N/A	N/A	NR	N/A	NR	∅	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 15: Follow-Up After Emergency Department Visit for Substance Use Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	7 Days	Race	White	5	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Some Other Race	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Race	Unknown	3	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	7 Days	Ethnicity	Unknown	11	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	White	5	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Some Other Race	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Race	Unknown	3	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	30 Days	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	30 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 Days	Ethnicity	Unknown	11	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	White	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Ethnicity	Not Hispanic or Latino	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	7 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	White	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Ethnicity	Not Hispanic or Latino	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	30 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	White	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Asked but No Answer	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Ethnicity	Not Hispanic or Latino	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	7 Days	Ethnicity	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	White	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Asked but No Answer	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Ethnicity	Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Ethnicity	Not Hispanic or Latino	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	30 Days	Ethnicity	Unknown	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Some Other Race	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	7 Days	Ethnicity	Unknown	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Some Other Race	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	30 Days	Ethnicity	Unknown	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Race	Unknown	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	7 Days	Ethnicity	Unknown	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Black or African American	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Race	Unknown	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	30 Days	Ethnicity	Unknown	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Black or African American	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Race	Unknown	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Ethnicity	Hispanic or Latino	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	7 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	30 Days	Race	White	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Black or African American	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Race	Unknown	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	30 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	White	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Ethnicity	Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Ethnicity	Not Hispanic or Latino	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	7 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	White	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Black or African American	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Asian	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Race	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Ethnicity	Hispanic or Latino	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Ethnicity	Not Hispanic or Latino	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	30 Days	Ethnicity	Unknown	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	White	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	7 Days	Race	Black or African American	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Race	Unknown	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Ethnicity	Not Hispanic or Latino	9	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	7 Days	Ethnicity	Unknown	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	White	5	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Black or African American	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Race	Unknown	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Ethnicity	Not Hispanic or Latino	9	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	30 Days	Ethnicity	Unknown	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 16: Follow-Up After Hospitalization for Mental Illness Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	7 days	Administrative	6-17	36	15	41.67%	54.39%	–	48.39%	–	Opportunity	High confidence
ABH	7 days	Administrative	18-19	6	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	7 days	Administrative	Total	42	18	42.86%	50.00%	–	49.60%	–	Opportunity	High confidence
ABH	30 days	Administrative	6-17	36	19	52.78%	70.18%	–	73.87%	–	Opportunity	High confidence
ABH	30 days	Administrative	18-19	6	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	30 days	Administrative	Total	42	22	52.38%	65.15%	–	73.60%	–	Opportunity	High confidence
CBC	7 days	Administrative	6-17	41	19	46.34%	42.86%	+	48.39%	–	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	7 days	Administrative	18-19	4	2	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	7 days	Administrative	Total	45	21	46.67%	43.75%	+	49.60%	–	∅	High confidence
CBC	30 days	Administrative	6-17	41	31	75.61%	64.29%	+	73.87%	+	∅	High confidence
CBC	30 days	Administrative	18-19	4	3	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	30 days	Administrative	Total	45	34	75.56%	66.67%	+	73.60%	+	∅	High confidence
GEI	7 days	Administrative	6-17	35	12	34.29%	46.43%	–	48.39%	–	Opportunity	High confidence
GEI	7 days	Administrative	18-19	7	3	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	7 days	Administrative	Total	42	15	35.71%	44.07%	–	49.60%	–	Opportunity	High confidence
GEI	30 days	Administrative	6-17	35	24	68.57%	76.79%	–	73.87%	–	Opportunity	High confidence
GEI	30 days	Administrative	18-19	7	3	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	30 days	Administrative	Total	42	27	64.29%	72.88%	–	73.60%	–	Opportunity	High confidence
HPP	7 days	Administrative	6-17	11	5	N/A	N/A	NR	48.39%	NR	∅	High confidence
HPP	7 days	Administrative	18-19	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	7 days	Administrative	Total	15	6	N/A	N/A	NR	49.60%	NR	∅	High confidence
HPP	30 days	Administrative	6-17	11	6	N/A	N/A	NR	73.87%	NR	∅	High confidence
HPP	30 days	Administrative	18-19	4	2	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	30 days	Administrative	Total	15	8	N/A	N/A	NR	73.60%	NR	∅	High confidence
HHK	7 days	Administrative	6-17	74	39	52.70%	40.00%	+	48.39%	+	Strength	High confidence
HHK	7 days	Administrative	18-19	5	3	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	7 days	Administrative	Total	79	42	53.16%	42.62%	+	49.60%	+	Strength	High confidence
HHK	30 days	Administrative	6-17	74	55	74.32%	74.55%	–	73.87%	+	∅	High confidence
HHK	30 days	Administrative	18-19	5	4	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	30 days	Administrative	Total	79	59	74.68%	75.41%	–	73.60%	+	∅	High confidence
IBC	7 days	Administrative	6-17	29	19	N/A	N/A	NR	48.39%	NR	∅	High confidence
IBC	7 days	Administrative	18-19	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	7 days	Administrative	Total	32	21	65.63%	N/A	NR	49.60%	+	Strength	High confidence
IBC	30 days	Administrative	6-17	29	25	N/A	N/A	NR	73.87%	NR	∅	High confidence
IBC	30 days	Administrative	18-19	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	30 days	Administrative	Total	32	27	84.38%	N/A	NR	73.60%	+	Strength	High confidence
UHC	7 days	Administrative	6-17	44	27	61.36%	61.29%	n.s.	48.39%	+	Strength	High confidence
UHC	7 days	Administrative	18-19	8	3	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	7 days	Administrative	Total	52	30	57.69%	60.29%	–	49.60%	+	Strength	High confidence
UHC	30 days	Administrative	6-17	44	34	77.27%	80.65%	–	73.87%	+	Strength	High confidence
UHC	30 days	Administrative	18-19	8	4	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	30 days	Administrative	Total	52	38	73.08%	79.41%	–	73.60%	–	∅	High confidence
UPMC	7 days	Administrative	6-17	80	38	47.50%	59.79%	–	48.39%	–	∅	High confidence
UPMC	7 days	Administrative	18-19	3	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	7 days	Administrative	Total	83	39	46.99%	60.00%	–	49.60%	–	∅	High confidence
UPMC	30 days	Administrative	6-17	80	66	82.50%	78.35%	+	73.87%	+	Strength	High confidence
UPMC	30 days	Administrative	18-19	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	30 days	Administrative	Total	83	69	83.13%	78.18%	+	73.60%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 17: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Initiation Phase	Administrative	6-12	99	40	40.40%	38.24%	+	47.45%	–	Opportunity	High confidence
ABH	Continuation and Maintenance Phase	Administrative	6-12	19	10	N/A	N/A	NR	56.00%	NR	Ø	High confidence
CBC	Initiation Phase	Administrative	6-12	85	33	38.82%	45.07%	–	47.45%	–	Opportunity	High confidence
CBC	Continuation and Maintenance Phase	Administrative	6-12	29	11	N/A	50.00%	NR	56.00%	NR	Ø	High confidence
GEI	Initiation Phase	Administrative	6-12	74	36	48.65%	47.37%	+	47.45%	+	Ø	High confidence
GEI	Continuation and Maintenance Phase	Administrative	6-12	31	20	64.52%	57.69%	NR	56.00%	+	Strength	High confidence
HPP	Initiation Phase	Administrative	6-12	35	9	25.71%	25.81%	n.s.	47.45%	–	Opportunity	High confidence
HPP	Continuation and Maintenance Phase	Administrative	6-12	10	3	N/A	60.00%	NR	56.00%	NR	Ø	High confidence
HHK	Initiation Phase	Administrative	6-12	141	66	46.81%	43.05%	+	47.45%	–	Ø	High confidence
HHK	Continuation and Maintenance Phase	Administrative	6-12	40	21	52.50%	59.57%	–	56.00%	–	Opportunity	High confidence
IBC	Initiation Phase	Administrative	6-12	69	33	47.83%	N/A	NR	47.45%	+	Ø	High confidence
IBC	Continuation and Maintenance Phase	Administrative	6-12	24	9	N/A	N/A	NR	56.00%	NR	Ø	High confidence
UHC	Initiation Phase	Administrative	6-12	142	66	46.48%	50.57%	–	47.45%	–	Ø	High confidence
UHC	Continuation and Maintenance Phase	Administrative	6-12	52	25	48.08%	55.32%	–	56.00%	–	Opportunity	High confidence
UPMC	Initiation Phase	Administrative	6-12	219	127	57.99%	56.08%	+	47.45%	+	Strength	High confidence
UPMC	Continuation and Maintenance Phase	Administrative	6-12	77	46	59.74%	62.12%	–	56.00%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 18: Metabolic Monitoring for Children and Adolescents on Antipsychotics Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Blood Glucose Testing	Administrative	1-11	2	2	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
ABH	Blood Glucose Testing	Administrative	12-17	14	9	N/A	N/A	n.s.	71.74%	n.s.	Ø	High confidence
ABH	Blood Glucose Testing	Administrative	Total	16	11	N/A	N/A	n.s.	67.55%	n.s.	Ø	High confidence
ABH	Cholesterol Testing	Administrative	1-11	2	2	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
ABH	Cholesterol Testing	Administrative	12-17	14	6	N/A	N/A	n.s.	46.74%	n.s.	Ø	High confidence
ABH	Cholesterol Testing	Administrative	Total	16	8	N/A	N/A	n.s.	49.01%	n.s.	Ø	High confidence
ABH	Blood Glucose and Cholesterol Testing	Administrative	1-11	2	2	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
ABH	Blood Glucose and Cholesterol Testing	Administrative	12-17	14	6	N/A	N/A	n.s.	45.65%	n.s.	Ø	High confidence
ABH	Blood Glucose and Cholesterol Testing	Administrative	Total	16	8	N/A	N/A	n.s.	48.35%	n.s.	Ø	High confidence
CBC	Blood Glucose Testing	Administrative	1-11	1	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Blood Glucose Testing	Administrative	12-17	16	12	N/A	N/A	n.s.	71.74%	n.s.	Ø	High confidence
CBC	Blood Glucose Testing	Administrative	Total	17	13	N/A	N/A	n.s.	67.55%	n.s.	Ø	High confidence
CBC	Cholesterol Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
CBC	Cholesterol Testing	Administrative	12-17	16	10	N/A	N/A	n.s.	46.74%	n.s.	Ø	High confidence
CBC	Cholesterol Testing	Administrative	Total	17	10	N/A	N/A	n.s.	49.01%	n.s.	Ø	High confidence
CBC	Blood Glucose and Cholesterol Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
CBC	Blood Glucose and Cholesterol Testing	Administrative	12-17	16	9	N/A	N/A	n.s.	45.65%	n.s.	Ø	High confidence
CBC	Blood Glucose and Cholesterol Testing	Administrative	Total	17	9	N/A	N/A	n.s.	48.35%	n.s.	Ø	High confidence
GEI	Blood Glucose Testing	Administrative	1-11	5	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
GEI	Blood Glucose Testing	Administrative	12-17	28	21	N/A	61.11%	n.s.	71.74%	n.s.	Ø	High confidence
GEI	Blood Glucose Testing	Administrative	Total	33	22	66.67%	62.50%	+	67.55%	–	Ø	High confidence
GEI	Cholesterol Testing	Administrative	1-11	5	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
GEI	Cholesterol Testing	Administrative	12-17	28	19	N/A	47.22%	n.s.	46.74%	n.s.	Ø	High confidence
GEI	Cholesterol Testing	Administrative	Total	33	20	60.61%	47.50%	+	49.01%	+	Strength	High confidence
GEI	Blood Glucose and Cholesterol Testing	Administrative	1-11	5	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
GEI	Blood Glucose and Cholesterol Testing	Administrative	12-17	28	19	N/A	44.44%	n.s.	45.65%	n.s.	Ø	High confidence
GEI	Blood Glucose and Cholesterol Testing	Administrative	Total	33	20	60.61%	45.00%	+	48.35%	+	Strength	High confidence
HPP	Blood Glucose Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HPP	Blood Glucose Testing	Administrative	12-17	3	3	N/A	N/A	n.s.	71.74%	n.s.	Ø	High confidence
HPP	Blood Glucose Testing	Administrative	Total	4	3	N/A	N/A	n.s.	67.55%	n.s.	Ø	High confidence
HPP	Cholesterol Testing	Administrative	1-11	1	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HPP	Cholesterol Testing	Administrative	12-17	3	1	N/A	N/A	n.s.	46.74%	n.s.	Ø	High confidence
HPP	Cholesterol Testing	Administrative	Total	4	2	N/A	N/A	n.s.	49.01%	n.s.	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	Administrative	12-17	3	1	N/A	N/A	n.s.	45.65%	n.s.	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	Administrative	Total	4	1	N/A	N/A	n.s.	48.35%	n.s.	Ø	High confidence
HHK	Blood Glucose Testing	Administrative	1-11	6	1	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HHK	Blood Glucose Testing	Administrative	12-17	35	23	65.71%	71.43%	–	71.74%	–	Opportunity	High confidence
HHK	Blood Glucose Testing	Administrative	Total	41	24	58.54%	72.92%	–	67.55%	–	Opportunity	High confidence
HHK	Cholesterol Testing	Administrative	1-11	6	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HHK	Cholesterol Testing	Administrative	12-17	35	12	34.29%	42.86%	–	46.74%	–	Opportunity	High confidence
HHK	Cholesterol Testing	Administrative	Total	41	12	29.27%	41.67%	–	49.01%	–	Opportunity	High confidence
HHK	Blood Glucose and Cholesterol Testing	Administrative	1-11	6	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
HHK	Blood Glucose and Cholesterol Testing	Administrative	12-17	35	12	34.29%	42.86%	–	45.65%	–	Opportunity	High confidence
HHK	Blood Glucose and Cholesterol Testing	Administrative	Total	41	12	29.27%	41.67%	–	48.35%	–	Opportunity	High confidence
IBC	Blood Glucose Testing	Administrative	1-11	0	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
IBC	Blood Glucose Testing	Administrative	12-17	16	7	N/A	N/A	n.s.	71.74%	n.s.	Ø	High confidence
IBC	Blood Glucose Testing	Administrative	Total	16	7	N/A	N/A	n.s.	67.55%	n.s.	Ø	High confidence
IBC	Cholesterol Testing	Administrative	1-11	0	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
IBC	Cholesterol Testing	Administrative	12-17	16	2	N/A	N/A	n.s.	46.74%	n.s.	Ø	High confidence
IBC	Cholesterol Testing	Administrative	Total	16	2	N/A	N/A	n.s.	49.01%	n.s.	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Blood Glucose and Cholesterol Testing	Administrative	1-11	0	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
IBC	Blood Glucose and Cholesterol Testing	Administrative	12-17	16	2	N/A	N/A	n.s.	45.65%	n.s.	Ø	High confidence
IBC	Blood Glucose and Cholesterol Testing	Administrative	Total	16	2	N/A	N/A	n.s.	48.35%	n.s.	Ø	High confidence
UHC	Blood Glucose Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UHC	Blood Glucose Testing	Administrative	12-17	14	12	N/A	N/A	n.s.	71.74%	n.s.	Ø	High confidence
UHC	Blood Glucose Testing	Administrative	Total	15	12	N/A	N/A	n.s.	67.55%	n.s.	Ø	High confidence
UHC	Cholesterol Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UHC	Cholesterol Testing	Administrative	12-17	14	7	N/A	N/A	n.s.	46.74%	n.s.	Ø	High confidence
UHC	Cholesterol Testing	Administrative	Total	15	7	N/A	N/A	n.s.	49.01%	n.s.	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	Administrative	1-11	1	0	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	Administrative	12-17	14	7	N/A	N/A	n.s.	45.65%	n.s.	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	Administrative	Total	15	7	N/A	N/A	n.s.	48.35%	n.s.	Ø	High confidence
UPMC	Blood Glucose Testing	Administrative	1-11	20	13	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UPMC	Blood Glucose Testing	Administrative	12-17	57	43	75.44%	71.19%	+	71.74%	+	Strength	High confidence
UPMC	Blood Glucose Testing	Administrative	Total	77	56	72.73%	71.21%	+	67.55%	+	Strength	High confidence
UPMC	Cholesterol Testing	Administrative	1-11	20	11	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UPMC	Cholesterol Testing	Administrative	12-17	57	31	54.39%	62.71%	–	46.74%	+	Strength	High confidence
UPMC	Cholesterol Testing	Administrative	Total	77	42	54.55%	65.15%	–	49.01%	+	Strength	High confidence
UPMC	Blood Glucose and Cholesterol Testing	Administrative	1-11	20	11	N/A	N/A	n.s.	N/A	n.s.	Ø	High confidence
UPMC	Blood Glucose and Cholesterol Testing	Administrative	12-17	57	30	52.63%	59.32%	–	45.65%	+	Strength	High confidence
UPMC	Blood Glucose and Cholesterol Testing	Administrative	Total	77	41	53.25%	60.61%	–	48.35%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 19: Screening for Depression and Follow-Up Plan Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Screening for Depression and Follow-Up Plan	Administrative	12-17	4,873	158	3.24%	N/A	NR	14.38%	–	Opportunity	High confidence
CBC	Screening for Depression and Follow-Up Plan	Administrative	12-17	3,711	173	4.66%	N/A	NR	14.38%	–	Opportunity	High confidence
GEI	Screening for Depression and Follow-Up Plan	Administrative	12-17	4,029	180	4.47%	N/A	NR	14.38%	–	Opportunity	High confidence
HPP	Screening for Depression and Follow-Up Plan	Administrative	12-17	3,052	5	0.16%	N/A	NR	14.38%	–	Opportunity	High confidence
HHK	Screening for Depression and Follow-Up Plan	Administrative	12-17	6,677	1,092	16.35%	N/A	NR	14.38%	+	Ø	High confidence
IBC	Screening for Depression and Follow-Up Plan	Administrative	12-17	5,273	2	0.04%	N/A	NR	14.38%	–	Opportunity	High confidence
UHC	Screening for Depression and Follow-Up Plan	Administrative	12-17	7,245	788	10.88%	N/A	NR	14.38%	–	Opportunity	High confidence
UPMC	Screening for Depression and Follow-Up Plan	Administrative	12-17	10,919	4,183	38.31%	N/A	NR	14.38%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the CHIP WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Dental and Oral Health Services

The measures in the Dental and Oral Health Services category are listed in **Table 20**, followed by the measure data in **Tables 21–25**.

Table 20: Dental and Oral Health Services Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
DQA (ADA)	Oral Evaluation, Dental Services	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children under 21 years of age who received a comprehensive or periodic oral evaluation within the MY.	N/A	Younger than 1 year of age, ages 1–2 years, ages 3–5 years, ages 6–7 years, ages 8–9 years, ages 10–11 years, ages 12–14 years, ages 15–18 years, ages 19–20 years, and total ages
NCQA	Oral Evaluation, Dental Services	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the MY.	N/A	0–2 years, 3–5 years, 6–14 years, 15–20 years, and total ages
DQA (ADA)	Sealant Receipt on Permanent First Year Molars	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children who have ever received sealants on permanent first molar teeth and turned 10 years old during the MY.	Rate 1: The percentage of enrolled children who received a sealant on at least one permanent first molar in the 48 months prior to their 10th birthday. Rate 2: The percentage of unduplicated enrolled children who received sealants on all four permanent first molars in the 48 months prior to their 10th birthday.	10 years of age during the MY
DQA (ADA)	Topical Fluoride for Children	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of enrolled children ages 1–20 years who received at least two topical fluoride applications.	Rate 1: Reported as dental or oral health services. Rate 2: Reported as dental services. Rate 3: Reported as oral health services.	Younger than 1 year of age, ages 1–2 years, ages 3–5 years, ages 6–7 years, ages 8–9 years, ages 10–11 years, ages 12–14 years, ages 15–18 years, ages 19–20 years, and total ages
NCQA	Topical Fluoride for Children	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 1–4 years of age who received at least two fluoride varnish applications during the MY.	N/A	1–2 years, 3–4 years, and total ages

DQA (ADA): Dental Quality Alliance (American Dental Association); CMS: Centers for Medicare and Medicaid Services; NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MCO: managed care organization; N/A: not applicable.

Table 21: Oral Evaluation, Dental Services Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Oral Evaluation, Dental Services	Administrative	< 1	69	3	4.35%	N/A	NR	1.16%	+	Strength	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	1-2	867	145	16.72%	16.10%	+	16.66%	+	∅	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	3-5	1,671	586	35.07%	43.22%	–	44.45%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	6-7	1,755	772	43.99%	53.39%	–	54.17%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	8-9	1,980	855	43.18%	50.84%	–	54.68%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	10-11	2,291	972	42.43%	48.32%	–	52.87%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	12-14	3,531	1,401	39.68%	43.77%	–	49.39%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	15-18	4,657	1,346	28.90%	32.28%	–	39.35%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	19-20	613	88	14.36%	15.57%	–	24.50%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	Total	17,434	6,168	35.38%	40.67%	–	45.32%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	< 1	23	0	N/A	N/A	NR	1.16%	NR	∅	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	1-2	331	38	11.48%	N/A	NR	16.66%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	3-5	769	305	39.66%	4.64%	+	44.45%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	6-7	867	473	54.56%	4.17%	+	54.17%	+	∅	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	8-9	1,181	661	55.97%	4.33%	+	54.68%	+	∅	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	10-11	1,436	823	57.31%	5.06%	+	52.87%	+	Strength	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	12-14	2,205	1,117	50.66%	5.13%	+	49.39%	+	∅	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	15-18	3,084	1,266	41.05%	4.90%	+	39.35%	+	∅	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	19-20	379	105	27.70%	4.55%	+	24.50%	+	Strength	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	Total	10,275	4,788	46.60%	4.66%	+	45.32%	+	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	< 1	47	0	0.00%	N/A	NR	1.16%	–	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	1-2	698	137	19.63%	15.48%	+	16.66%	+	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	3-5	1,425	649	45.54%	45.50%	+	44.45%	+	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	6-7	1,484	791	53.30%	59.16%	–	54.17%	–	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	8-9	1,670	937	56.11%	61.78%	–	54.68%	+	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	10-11	1,770	924	52.20%	57.89%	–	52.87%	–	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	12-14	2,712	1,303	48.05%	53.84%	–	49.39%	–	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	15-18	3,443	1,288	37.41%	39.87%	–	39.35%	–	∅	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	19-20	268	45	16.79%	27.27%	–	24.50%	–	Opportunity	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	Total	13,517	6,074	44.94%	48.95%	–	45.32%	–	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	< 1	22	1	N/A	N/A	NR	1.16%	NR	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	1-2	371	77	20.75%	24.03%	–	16.66%	+	Strength	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	3-5	778	359	46.14%	55.31%	–	44.45%	+	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	6-7	858	457	53.26%	63.15%	–	54.17%	–	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	8-9	1,019	533	52.31%	64.37%	–	54.68%	–	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	10-11	1,262	711	56.34%	63.42%	–	52.87%	+	Strength	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	12-14	2,047	1,076	52.56%	60.82%	–	49.39%	+	Strength	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	15-18	2,563	1,017	39.68%	45.33%	–	39.35%	+	∅	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	19-20	348	60	17.24%	23.60%	–	24.50%	–	Opportunity	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	Total	9,268	4,291	46.30%	54.32%	–	45.32%	+	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Oral Evaluation, Dental Services	Administrative	< 1	48	0	0.00%	N/A	NA	1.16%	–	Ø	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	1-2	612	72	11.76%	10.20%	+	16.66%	–	Opportunity	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	3-5	1,296	565	43.60%	49.28%	–	44.45%	–	Ø	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	6-7	1,515	818	53.99%	62.34%	–	54.17%	–	Ø	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	8-9	1,868	1,089	58.30%	62.91%	–	54.68%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	10-11	2,125	1,223	57.55%	60.30%	–	52.87%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	12-14	3,435	1,821	53.01%	58.99%	–	49.39%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	15-18	5,021	2,348	46.76%	48.17%	–	39.35%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	19-20	718	255	35.52%	33.58%	+	24.50%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	Total	16,638	8,191	49.23%	53.37%	–	45.32%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	< 1	30	0	0.00%	2.00%	–	1.16%	–	Ø	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	1-2	351	72	20.51%	19.58%	+	16.66%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	3-5	769	334	43.43%	47.91%	–	44.45%	–	Ø	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	6-7	971	474	48.82%	52.52%	–	54.17%	–	Opportunity	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	8-9	1,284	593	46.18%	48.58%	–	54.68%	–	Opportunity	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	10-11	1,628	664	40.79%	45.15%	–	52.87%	–	Opportunity	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	12-14	2,701	1,108	41.02%	43.17%	–	49.39%	–	Opportunity	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	15-18	3,981	1,349	33.89%	38.38%	–	39.35%	–	Opportunity	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	19-20	532	121	22.74%	23.70%	–	24.50%	–	Ø	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	Total	12,247	4,715	38.50%	42.21%	–	45.32%	–	Opportunity	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	< 1	54	1	1.85%	N/A	NA	1.16%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	1-2	770	127	16.49%	19.06%	–	16.66%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	3-5	1,756	808	46.01%	51.70%	–	44.45%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	6-7	1,978	1,124	56.83%	61.52%	–	54.17%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	8-9	2,422	1,381	57.02%	62.29%	–	54.68%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	10-11	2,833	1,526	53.87%	60.92%	–	52.87%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	12-14	4,467	2,294	51.35%	55.72%	–	49.39%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	15-18	5,762	2,326	40.37%	43.78%	–	39.35%	+	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	19-20	646	157	24.30%	22.10%	+	24.50%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	Total	20,688	9,744	47.10%	51.76%	–	45.32%	+	Ø	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	< 1	98	0	0.00%	1.20%	–	1.16%	–	Ø	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	1-2	1,510	250	16.56%	14.99%	+	16.66%	–	Ø	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	3-5	3,143	1,553	49.41%	53.23%	–	44.45%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	6-7	3,126	1,891	60.49%	64.60%	–	54.17%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	8-9	3,635	2,186	60.14%	61.95%	–	54.68%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	10-11	4,003	2,329	58.18%	60.67%	–	52.87%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	12-14	5,948	3,238	54.44%	55.86%	–	49.39%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	15-18	7,868	3,376	42.91%	43.29%	–	39.35%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	19-20	830	231	27.83%	28.10%	–	24.50%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	Total	30,161	15,054	49.91%	52.41%	–	45.32%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”



<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 22: Oral Evaluation, Dental Services (NCQA) Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Oral Evaluation, Dental Services	Administrative	0-2	710	124	17.46%	N/A	NR	17.49%	–	Ø	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	3-5	1,178	438	37.18%	N/A	NR	49.25%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	6-14	6,651	2,985	44.88%	N/A	NR	58.67%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	15-19	3,111	978	31.44%	N/A	NR	45.46%	–	Opportunity	High confidence
ABH	Oral Evaluation, Dental Services	Administrative	Total	11,650	4,525	38.84%	N/A	NR	51.99%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	0-2	293	35	11.95%	N/A	NR	17.49%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	3-5	608	257	42.27%	N/A	NR	49.25%	–	Opportunity	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	6-14	4,429	2,578	58.21%	N/A	NR	58.67%	–	Ø	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	15-19	2,306	1,032	44.75%	N/A	NR	45.46%	–	Ø	High confidence
CBC	Oral Evaluation, Dental Services	Administrative	Total	7,636	3,902	51.10%	N/A	NR	51.99%	–	Ø	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	0-2	607	131	21.58%	N/A	NR	17.49%	+	Strength	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	3-5	1,116	576	51.61%	N/A	NR	49.25%	+	Ø	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	6-14	5,880	3,411	58.01%	N/A	NR	58.67%	–	Ø	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	15-19	2,582	1,121	43.42%	N/A	NR	45.46%	–	Ø	High confidence
GEI	Oral Evaluation, Dental Services	Administrative	Total	10,185	5,239	51.44%	N/A	NR	51.99%	–	Ø	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	0-2	268	54	20.15%	N/A	NR	17.49%	+	Ø	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	3-5	518	257	49.61%	N/A	NR	49.25%	+	Ø	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	6-14	3,496	2,038	58.30%	N/A	NR	58.67%	–	Ø	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	15-19	1,711	716	41.85%	N/A	NR	45.46%	–	Opportunity	High confidence
HPP	Oral Evaluation, Dental Services	Administrative	Total	5,993	3,065	51.14%	N/A	NR	51.99%	–	Ø	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	0-2	538	60	11.15%	N/A	NR	17.49%	–	Opportunity	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	3-5	947	438	46.25%	N/A	NR	49.25%	–	Opportunity	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	6-14	6,713	3,969	59.12%	N/A	NR	58.67%	+	Ø	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	15-19	3,667	1,837	50.10%	N/A	NR	45.46%	+	Strength	High confidence
HHK	Oral Evaluation, Dental Services	Administrative	Total	11,865	6,304	53.13%	N/A	NR	51.99%	+	Ø	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	0-2	327	86	26.30%	N/A	NR	17.49%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	3-5	573	359	62.65%	N/A	NR	49.25%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	6-14	4,963	3,439	69.29%	N/A	NR	58.67%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	15-19	2,800	1,565	55.89%	N/A	NR	45.46%	+	Strength	High confidence
IBC	Oral Evaluation, Dental Services	Administrative	Total	8,663	5,449	62.90%	N/A	NR	51.99%	+	Strength	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	0-2	669	115	17.19%	N/A	NR	17.49%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	3-5	1,323	643	48.60%	N/A	NR	49.25%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	6-14	8,733	5,077	58.14%	N/A	NR	58.67%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	15-19	4,139	1,837	44.38%	N/A	NR	45.46%	–	Ø	High confidence
UHC	Oral Evaluation, Dental Services	Administrative	Total	14,864	7,672	51.61%	N/A	NR	51.99%	–	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Oral Evaluation, Dental Services	Administrative	0-2	1,367	231	16.90%	N/A	NR	17.49%	–	Ø	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	3-5	2,536	1,366	53.86%	N/A	NR	49.25%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	6-14	13,235	8,241	62.27%	N/A	NR	58.67%	+	Strength	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	15-19	6,035	2,894	47.95%	N/A	NR	45.46%	+	Ø	High confidence
UPMC	Oral Evaluation, Dental Services	Administrative	Total	23,173	12,732	54.94%	N/A	NR	51.99%	+	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 23: Sealant Receipt on Permanent First Molars Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	At Least 1 Permanent First Molar	Administrative	10	776	280	36.08%	19.85%	+	46.41%	–	Opportunity	High confidence
ABH	All Four Permanent First Molars	Administrative	10	776	183	23.58%	11.83%	+	29.36%	–	Opportunity	High confidence
CBC	At Least 1 Permanent First Molar	Administrative	10	618	307	49.68%	50.52%	–	46.41%	+	Strength	High confidence
CBC	All Four Permanent First Molars	Administrative	10	618	246	39.81%	37.82%	+	29.36%	+	Strength	High confidence
GEI	At Least 1 Permanent First Molar	Administrative	10	581	324	55.77%	49.38%	+	46.41%	+	Strength	High confidence
GEI	All Four Permanent First Molars	Administrative	10	581	225	38.73%	34.57%	+	29.36%	+	Strength	High confidence
HPP	At Least 1 Permanent First Molar	Administrative	10	431	216	50.12%	51.30%	–	46.41%	+	Strength	High confidence
HPP	All Four Permanent First Molars	Administrative	10	431	158	36.66%	34.39%	+	29.36%	+	Strength	High confidence
HHK	At Least 1 Permanent First Molar	Administrative	10	826	393	47.58%	43.84%	+	46.41%	+	Ø	High confidence
HHK	All Four Permanent First Molars	Administrative	10	826	286	34.62%	33.57%	+	29.36%	+	Strength	High confidence
IBC	At Least 1 Permanent First Molar	Administrative	10	679	371	54.64%	55.04%	–	46.41%	+	Strength	High confidence
IBC	All Four Permanent First Molars	Administrative	10	679	277	40.80%	39.10%	+	29.36%	+	Strength	High confidence
UHC	At Least 1 Permanent First Molar	Administrative	10	1,089	600	55.10%	54.88%	+	46.41%	+	Strength	High confidence
UHC	All Four Permanent First Molars	Administrative	10	1,089	445	40.86%	40.09%	+	29.36%	+	Strength	High confidence
UPMC	At Least 1 Permanent First Molar	Administrative	10	1,525	537	35.21%	19.04%	+	46.41%	–	Opportunity	High confidence
UPMC	All Four Permanent First Molars	Administrative	10	1,525	96	6.30%	11.72%	–	29.36%	–	Opportunity	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the CHIP WA rate exceeds the plan rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 24: Topical Fluoride for Children Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Dental Services	Administrative	1-2	504	37	7.34%	4.57%	+	6.03%	+	∅	High confidence
ABH	Dental Services	Administrative	3-5	923	176	19.07%	20.04%	–	22.59%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	6-7	989	225	22.75%	22.30%	+	30.00%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	8-9	1,163	267	22.96%	22.68%	+	29.28%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	10-11	1,370	303	22.12%	19.50%	+	26.92%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	12-14	2,146	365	17.01%	17.39%	–	23.44%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	15-18	2,726	257	9.43%	8.39%	+	13.39%	–	Opportunity	High confidence
ABH	Dental Services	Administrative	19-20	80	3	3.75%	0.83%	+	2.98%	+	∅	High confidence
ABH	Dental Services	Administrative	1-20	9,901	1,633	16.49%	16.00%	+	21.30%	–	Opportunity	High confidence
ABH	Oral Health Services	Administrative	1-2	504	22	4.37%	4.03%	+	7.40%	–	Opportunity	High confidence
ABH	Oral Health Services	Administrative	3-5	923	4	0.43%	0.27%	+	0.75%	–	∅	High confidence
ABH	Oral Health Services	Administrative	6-7	989	2	0.20%	N/A	NR	0.92%	–	∅	High confidence
ABH	Oral Health Services	Administrative	8-9	1,163	1	0.09%	N/A	NR	0.94%	–	∅	High confidence
ABH	Oral Health Services	Administrative	10-11	1,370	1	0.07%	N/A	NR	1.09%	–	∅	High confidence
ABH	Oral Health Services	Administrative	12-14	2,146	3	0.14%	N/A	NR	1.13%	–	∅	High confidence
ABH	Oral Health Services	Administrative	15-18	2,726	2	0.07%	N/A	NR	0.86%	–	∅	High confidence
ABH	Oral Health Services	Administrative	19-20	80	0	0.00%	N/A	NR	0.23%	–	∅	High confidence
ABH	Oral Health Services	Administrative	1-20	9,901	35	0.35%	0.17%	+	1.22%	–	∅	High confidence
ABH	Dental or Oral Health Services	Administrative	1-2	504	63	12.50%	11.56%	+	14.67%	–	∅	High confidence
ABH	Dental or Oral Health Services	Administrative	3-5	923	211	22.86%	25.02%	–	25.30%	–	∅	High confidence
ABH	Dental or Oral Health Services	Administrative	6-7	989	254	25.68%	25.87%	–	31.94%	–	Opportunity	High confidence
ABH	Dental or Oral Health Services	Administrative	8-9	1,163	316	27.17%	26.46%	+	31.22%	–	Opportunity	High confidence
ABH	Dental or Oral Health Services	Administrative	10-11	1,370	332	24.23%	23.53%	+	28.71%	–	Opportunity	High confidence
ABH	Dental or Oral Health Services	Administrative	12-14	2,146	440	20.50%	20.85%	–	25.34%	–	Opportunity	High confidence
ABH	Dental or Oral Health Services	Administrative	15-18	2,726	308	11.30%	10.07%	+	14.58%	–	Opportunity	High confidence
ABH	Dental or Oral Health Services	Administrative	19-20	80	3	3.75%	0.83%	+	3.21%	+	∅	High confidence
ABH	Dental or Oral Health Services	Administrative	1-20	9,901	1,927	19.46%	19.35%	+	23.31%	–	Opportunity	High confidence
CBC	Dental Services	Administrative	1-2	206	10	4.85%	N/A	NR	6.03%	–	∅	High confidence
CBC	Dental Services	Administrative	3-5	474	84	17.72%	0.64%	+	22.59%	–	Opportunity	High confidence
CBC	Dental Services	Administrative	6-7	576	155	26.91%	1.07%	+	30.00%	–	Opportunity	High confidence
CBC	Dental Services	Administrative	8-9	842	225	26.72%	0.88%	+	29.28%	–	∅	High confidence
CBC	Dental Services	Administrative	10-11	1,036	270	26.06%	1.47%	+	26.92%	–	∅	High confidence
CBC	Dental Services	Administrative	12-14	1,589	377	23.73%	1.48%	+	23.44%	+	∅	High confidence
CBC	Dental Services	Administrative	15-18	2,169	327	15.08%	1.09%	+	13.39%	+	∅	High confidence
CBC	Dental Services	Administrative	19-20	65	1	1.54%	N/A	NR	2.98%	–	∅	High confidence
CBC	Dental Services	Administrative	1-20	6,957	1,449	20.83%	1.13%	+	21.30%	–	∅	High confidence
CBC	Oral Health Services	Administrative	1-2	206	10	4.85%	6.63%	–	7.40%	–	∅	High confidence
CBC	Oral Health Services	Administrative	3-5	474	1	0.21%	N/A	NR	0.75%	–	∅	High confidence
CBC	Oral Health Services	Administrative	6-7	576	0	0.00%	N/A	NR	0.92%	–	∅	High confidence
CBC	Oral Health Services	Administrative	8-9	842	0	0.00%	N/A	NR	0.94%	–	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Oral Health Services	Administrative	10-11	1,036	0	0.00%	N/A	NR	1.09%	–	Ø	High confidence
CBC	Oral Health Services	Administrative	12-14	1,589	0	0.00%	N/A	NR	1.13%	–	Ø	High confidence
CBC	Oral Health Services	Administrative	15-18	2,169	0	0.00%	N/A	NR	0.86%	–	Ø	High confidence
CBC	Oral Health Services	Administrative	19-20	65	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
CBC	Oral Health Services	Administrative	1-20	6,957	11	0.16%	0.13%	+	1.22%	–	Ø	High confidence
CBC	Dental or Oral Health Services	Administrative	1-2	206	21	10.19%	10.50%	–	14.67%	–	Opportunity	High confidence
CBC	Dental or Oral Health Services	Administrative	3-5	474	92	19.41%	20.92%	–	25.30%	–	Opportunity	High confidence
CBC	Dental or Oral Health Services	Administrative	6-7	576	158	27.43%	25.95%	+	31.94%	–	Opportunity	High confidence
CBC	Dental or Oral Health Services	Administrative	8-9	842	225	26.72%	27.75%	–	31.22%	–	Opportunity	High confidence
CBC	Dental or Oral Health Services	Administrative	10-11	1,036	270	26.06%	26.78%	–	28.71%	–	Ø	High confidence
CBC	Dental or Oral Health Services	Administrative	12-14	1,589	377	23.73%	23.22%	+	25.34%	–	Ø	High confidence
CBC	Dental or Oral Health Services	Administrative	15-18	2,169	327	15.08%	14.45%	+	14.58%	+	Ø	High confidence
CBC	Dental or Oral Health Services	Administrative	19-20	65	1	1.54%	2.70%	–	3.21%	–	Ø	High confidence
CBC	Dental or Oral Health Services	Administrative	1-20	6,957	1,471	21.14%	21.26%	–	23.31%	–	Ø	High confidence
GEI	Dental Services	Administrative	1-2	440	39	8.86%	4.70%	+	6.03%	+	Ø	High confidence
GEI	Dental Services	Administrative	3-5	889	220	24.75%	21.57%	+	22.59%	+	Ø	High confidence
GEI	Dental Services	Administrative	6-7	922	280	30.37%	29.24%	+	30.00%	+	Ø	High confidence
GEI	Dental Services	Administrative	8-9	1,113	349	31.36%	30.80%	+	29.28%	+	Ø	High confidence
GEI	Dental Services	Administrative	10-11	1,206	345	28.61%	28.41%	+	26.92%	+	Ø	High confidence
GEI	Dental Services	Administrative	12-14	1,820	454	24.95%	24.74%	+	23.44%	+	Ø	High confidence
GEI	Dental Services	Administrative	15-18	2,213	278	12.56%	9.70%	+	13.39%	–	Ø	High confidence
GEI	Dental Services	Administrative	19-20	62	1	1.61%	N/A	NR	2.98%	–	Ø	High confidence
GEI	Dental Services	Administrative	1-20	8,665	1,966	22.69%	21.08%	+	21.30%	+	Ø	High confidence
GEI	Oral Health Services	Administrative	1-2	440	16	3.64%	4.70%	–	7.40%	–	Opportunity	High confidence
GEI	Oral Health Services	Administrative	3-5	889	1	0.11%	0.11%	n.s.	0.75%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	6-7	922	0	0.00%	N/A	NR	0.92%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	8-9	1,113	0	0.00%	N/A	NR	0.94%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	10-11	1,206	0	0.00%	N/A	NR	1.09%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	12-14	1,820	0	0.00%	N/A	NR	1.13%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	15-18	2,213	0	0.00%	N/A	NR	0.86%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	19-20	62	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
GEI	Oral Health Services	Administrative	1-20	8,665	17	0.20%	0.17%	+	1.22%	–	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	1-2	440	63	14.32%	9.40%	+	14.67%	–	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	3-5	889	255	28.68%	22.55%	+	25.30%	+	Strength	High confidence
GEI	Dental or Oral Health Services	Administrative	6-7	922	317	34.38%	29.47%	+	31.94%	+	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	8-9	1,113	381	34.23%	31.34%	+	31.22%	+	Strength	High confidence
GEI	Dental or Oral Health Services	Administrative	10-11	1,206	379	31.43%	28.49%	+	28.71%	+	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	12-14	1,820	497	27.31%	24.84%	+	25.34%	+	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	15-18	2,213	295	13.33%	9.93%	+	14.58%	–	Ø	High confidence
GEI	Dental or Oral Health Services	Administrative	19-20	62	1	1.61%	N/A	NR	3.21%	–	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Dental or Oral Health Services	Administrative	1-20	8,665	2,188	25.25%	21.52%	+	23.31%	+	Ø	High confidence
HPP	Dental Services	Administrative	1-2	206	15	7.28%	9.70%	–	6.03%	+	Ø	High confidence
HPP	Dental Services	Administrative	3-5	403	90	22.33%	28.94%	–	22.59%	–	Ø	High confidence
HPP	Dental Services	Administrative	6-7	467	132	28.27%	32.73%	–	30.00%	–	Ø	High confidence
HPP	Dental Services	Administrative	8-9	620	155	25.00%	30.67%	–	29.28%	–	Opportunity	High confidence
HPP	Dental Services	Administrative	10-11	766	207	27.02%	30.47%	–	26.92%	+	Ø	High confidence
HPP	Dental Services	Administrative	12-14	1,246	291	23.35%	26.47%	–	23.44%	–	Ø	High confidence
HPP	Dental Services	Administrative	15-18	1,561	211	13.52%	12.97%	+	13.39%	+	Ø	High confidence
HPP	Dental Services	Administrative	19-20	87	2	2.30%	N/A	NR	2.98%	–	Ø	High confidence
HPP	Dental Services	Administrative	1-20	5,356	1,103	20.59%	23.57%	–	21.30%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	1-2	206	9	4.37%	N/A	NR	7.40%	–	Opportunity	High confidence
HPP	Oral Health Services	Administrative	3-5	403	0	0.00%	N/A	NR	0.75%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	6-7	467	0	0.00%	N/A	NR	0.92%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	8-9	620	0	0.00%	N/A	NR	0.94%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	10-11	766	0	0.00%	N/A	NR	1.09%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	12-14	1,246	0	0.00%	N/A	NR	1.13%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	15-18	1,561	0	0.00%	N/A	NR	0.86%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	19-20	87	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
HPP	Oral Health Services	Administrative	1-20	5,356	9	0.17%	N/A	NR	1.22%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	1-2	206	29	14.08%	15.15%	–	14.67%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	3-5	403	93	23.08%	30.59%	–	25.30%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	6-7	467	134	28.69%	32.73%	–	31.94%	–	Opportunity	High confidence
HPP	Dental or Oral Health Services	Administrative	8-9	620	156	25.16%	30.67%	–	31.22%	–	Opportunity	High confidence
HPP	Dental or Oral Health Services	Administrative	10-11	766	207	27.02%	30.65%	–	28.71%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	12-14	1,246	292	23.43%	26.59%	–	25.34%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	15-18	1,561	211	13.52%	13.06%	+	14.58%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	19-20	87	2	2.30%	N/A	NR	3.21%	–	Ø	High confidence
HPP	Dental or Oral Health Services	Administrative	1-20	5,356	1,124	20.99%	23.91%	–	23.31%	–	Ø	High confidence
HHK	Dental Services	Administrative	1-2	324	15	4.63%	5.34%	–	6.03%	–	Ø	High confidence
HHK	Dental Services	Administrative	3-5	702	140	19.94%	21.12%	–	22.59%	–	Ø	High confidence
HHK	Dental Services	Administrative	6-7	951	277	29.13%	29.52%	–	30.00%	–	Ø	High confidence
HHK	Dental Services	Administrative	8-9	1,251	417	33.33%	29.78%	+	29.28%	+	Strength	High confidence
HHK	Dental Services	Administrative	10-11	1,440	402	27.92%	26.98%	+	26.92%	+	Ø	High confidence
HHK	Dental Services	Administrative	12-14	2,376	617	25.97%	23.94%	+	23.44%	+	Ø	High confidence
HHK	Dental Services	Administrative	15-18	3,401	513	15.08%	13.78%	+	13.39%	+	Ø	High confidence
HHK	Dental Services	Administrative	19-20	154	8	5.19%	2.81%	+	2.98%	+	Ø	High confidence
HHK	Dental Services	Administrative	1-20	10,599	2,389	22.54%	21.46%	+	21.30%	+	Ø	High confidence
HHK	Oral Health Services	Administrative	1-2	324	19	5.86%	6.53%	–	7.40%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	3-5	702	3	0.43%	0.08%	+	0.75%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	6-7	951	0	0.00%	N/A	NR	0.92%	–	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Oral Health Services	Administrative	8-9	1,251	0	0.00%	N/A	NR	0.94%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	10-11	1,440	0	0.00%	N/A	NR	1.09%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	12-14	2,376	1	0.04%	N/A	NR	1.13%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	15-18	3,401	0	0.00%	N/A	NR	0.86%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	19-20	154	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
HHK	Oral Health Services	Administrative	1-20	10,599	23	0.22%	0.16%	+	1.22%	–	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	1-2	324	35	10.80%	12.46%	–	14.67%	–	Opportunity	High confidence
HHK	Dental or Oral Health Services	Administrative	3-5	702	148	21.08%	21.61%	–	25.30%	–	Opportunity	High confidence
HHK	Dental or Oral Health Services	Administrative	6-7	951	279	29.34%	30.04%	–	31.94%	–	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	8-9	1,251	418	33.41%	30.01%	+	31.22%	+	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	10-11	1,440	402	27.92%	27.08%	+	28.71%	–	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	12-14	2,376	617	25.97%	24.12%	+	25.34%	+	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	15-18	3,401	513	15.08%	13.89%	+	14.58%	+	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	19-20	154	8	5.19%	2.81%	+	3.21%	+	Ø	High confidence
HHK	Dental or Oral Health Services	Administrative	1-20	10,599	2,420	22.83%	21.82%	+	23.31%	–	Ø	High confidence
IBC	Dental Services	Administrative	1-2	193	19	9.84%	9.69%	+	6.03%	+	Strength	High confidence
IBC	Dental Services	Administrative	3-5	444	111	25.00%	23.70%	+	22.59%	+	Ø	High confidence
IBC	Dental Services	Administrative	6-7	643	195	30.33%	25.75%	+	30.00%	+	Ø	High confidence
IBC	Dental Services	Administrative	8-9	866	217	25.06%	25.26%	–	29.28%	–	Opportunity	High confidence
IBC	Dental Services	Administrative	10-11	1,129	248	21.97%	22.85%	–	26.92%	–	Opportunity	High confidence
IBC	Dental Services	Administrative	12-14	1,925	419	21.77%	18.81%	+	23.44%	–	Ø	High confidence
IBC	Dental Services	Administrative	15-18	2,700	363	13.44%	12.45%	+	13.39%	+	Ø	High confidence
IBC	Dental Services	Administrative	19-20	97	1	1.03%	3.57%	–	2.98%	–	Ø	High confidence
IBC	Dental Services	Administrative	1-20	7,997	1,573	19.67%	18.65%	+	21.30%	–	Ø	High confidence
IBC	Oral Health Services	Administrative	1-2	193	2	1.04%	0.88%	+	7.40%	–	Opportunity	High confidence
IBC	Oral Health Services	Administrative	3-5	444	30	6.76%	8.86%	–	0.75%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	6-7	643	71	11.04%	10.97%	+	0.92%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	8-9	866	95	10.97%	12.35%	–	0.94%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	10-11	1,129	128	11.34%	10.73%	+	1.09%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	12-14	1,925	205	10.65%	11.10%	–	1.13%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	15-18	2,700	209	7.74%	5.90%	+	0.86%	+	Strength	High confidence
IBC	Oral Health Services	Administrative	19-20	97	3	3.09%	2.86%	+	0.23%	+	Ø	High confidence
IBC	Oral Health Services	Administrative	1-20	7,997	743	9.29%	9.04%	+	1.22%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	1-2	193	21	10.88%	11.45%	–	14.67%	–	Opportunity	High confidence
IBC	Dental or Oral Health Services	Administrative	3-5	444	141	31.76%	33.89%	–	25.30%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	6-7	643	266	41.37%	37.53%	+	31.94%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	8-9	866	312	36.03%	38.60%	–	31.22%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	10-11	1,129	376	33.30%	34.63%	–	28.71%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	12-14	1,925	624	32.42%	30.37%	+	25.34%	+	Strength	High confidence
IBC	Dental or Oral Health Services	Administrative	15-18	2,700	572	21.19%	18.66%	+	14.58%	+	Strength	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Dental or Oral Health Services	Administrative	19-20	97	4	4.12%	6.43%	–	3.21%	+	Ø	High confidence
IBC	Dental or Oral Health Services	Administrative	1-20	7,997	2,316	28.96%	28.33%	+	23.31%	+	Strength	High confidence
UHC	Dental Services	Administrative	1-2	479	28	5.85%	7.77%	–	6.03%	–	Ø	High confidence
UHC	Dental Services	Administrative	3-5	1,078	272	25.23%	23.78%	+	22.59%	+	Ø	High confidence
UHC	Dental Services	Administrative	6-7	1,275	423	33.18%	30.60%	+	30.00%	+	Strength	High confidence
UHC	Dental Services	Administrative	8-9	1,651	519	31.44%	31.82%	–	29.28%	+	Ø	High confidence
UHC	Dental Services	Administrative	10-11	1,932	541	28.00%	28.15%	–	26.92%	+	Ø	High confidence
UHC	Dental Services	Administrative	12-14	3,147	766	24.34%	23.50%	+	23.44%	+	Ø	High confidence
UHC	Dental Services	Administrative	15-18	3,877	568	14.65%	11.72%	+	13.39%	+	Ø	High confidence
UHC	Dental Services	Administrative	19-20	123	1	0.81%	N/A	NR	2.98%	–	Ø	High confidence
UHC	Dental Services	Administrative	1-20	13,562	3,118	22.99%	21.95%	+	21.30%	+	Ø	High confidence
UHC	Oral Health Services	Administrative	1-2	479	41	8.56%	7.37%	+	7.40%	+	Ø	High confidence
UHC	Oral Health Services	Administrative	3-5	1,078	8	0.74%	0.45%	+	0.75%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	6-7	1,275	5	0.39%	0.05%	+	0.92%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	8-9	1,651	4	0.24%	0.29%	–	0.94%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	10-11	1,932	5	0.26%	0.07%	+	1.09%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	12-14	3,147	9	0.29%	0.26%	+	1.13%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	15-18	3,877	6	0.15%	0.06%	+	0.86%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	19-20	123	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
UHC	Oral Health Services	Administrative	1-20	13,562	78	0.58%	0.36%	+	1.22%	–	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	1-2	479	75	15.66%	16.33%	–	14.67%	+	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	3-5	1,078	300	27.83%	25.52%	+	25.30%	+	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	6-7	1,275	435	34.12%	31.30%	+	31.94%	+	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	8-9	1,651	527	31.92%	32.72%	–	31.22%	+	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	10-11	1,932	555	28.73%	28.74%	n.s.	28.71%	n.s.	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	12-14	3,147	788	25.04%	24.15%	+	25.34%	–	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	15-18	3,877	586	15.11%	11.95%	+	14.58%	+	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	19-20	123	1	0.81%	N/A	NR	3.21%	–	Ø	High confidence
UHC	Dental or Oral Health Services	Administrative	1-20	13,562	3,267	24.09%	22.81%	+	23.31%	+	Ø	High confidence
UPMC	Dental Services	Administrative	1-2	1,281	56	4.37%	2.86%	+	6.03%	–	Ø	High confidence
UPMC	Dental Services	Administrative	3-5	2,697	626	23.21%	23.52%	–	22.59%	+	Ø	High confidence
UPMC	Dental Services	Administrative	6-7	2,688	866	32.22%	30.21%	+	30.00%	+	Ø	High confidence
UPMC	Dental Services	Administrative	8-9	3,084	952	30.87%	30.74%	+	29.28%	+	Ø	High confidence
UPMC	Dental Services	Administrative	10-11	3,397	989	29.11%	28.55%	+	26.92%	+	Ø	High confidence
UPMC	Dental Services	Administrative	12-14	5,054	1,235	24.44%	22.64%	+	23.44%	+	Ø	High confidence
UPMC	Dental Services	Administrative	15-18	6,572	861	13.10%	10.92%	+	13.39%	–	Ø	High confidence
UPMC	Dental Services	Administrative	19-20	640	22	3.44%	0.88%	+	2.98%	+	Ø	High confidence
UPMC	Dental Services	Administrative	1-20	25,413	5,607	22.06%	21.30%	+	21.30%	+	Ø	High confidence
UPMC	Oral Health Services	Administrative	1-2	1,281	150	11.71%	10.38%	+	7.40%	+	Strength	High confidence
UPMC	Oral Health Services	Administrative	3-5	2,697	10	0.37%	0.34%	+	0.75%	–	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Oral Health Services	Administrative	6-7	2,688	0	0.00%	N/A	NR	0.92%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	8-9	3,084	0	0.00%	N/A	NR	0.94%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	10-11	3,397	0	0.00%	N/A	NR	1.09%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	12-14	5,054	0	0.00%	0.02%	–	1.13%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	15-18	6,572	0	0.00%	0.02%	–	0.86%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	19-20	640	0	0.00%	N/A	NR	0.23%	–	Ø	High confidence
UPMC	Oral Health Services	Administrative	1-20	25,413	160	0.63%	0.41%	+	1.22%	–	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	1-2	1,281	226	17.64%	14.80%	+	14.67%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	3-5	2,697	685	25.40%	25.18%	+	25.30%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	6-7	2,688	875	32.55%	30.33%	+	31.94%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	8-9	3,084	971	31.49%	30.90%	+	31.22%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	10-11	3,397	1,004	29.56%	28.61%	+	28.71%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	12-14	5,054	1,256	24.85%	22.72%	+	25.34%	–	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	15-18	6,572	866	13.18%	11.04%	+	14.58%	–	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	19-20	640	22	3.44%	0.88%	+	3.21%	+	Ø	High confidence
UPMC	Dental or Oral Health Services	Administrative	1-20	25,413	5,905	23.24%	21.98%	+	23.31%	–	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 25: Topical Fluoride for Children (NCQA) Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Topical Fluoride for Children	Administrative	1-2	467	52	11.13%	N/A	NR	13.87%	–	Ø	High confidence
ABH	Topical Fluoride for Children	Administrative	3-4	476	82	17.23%	N/A	NR	18.64%	–	Ø	High confidence
ABH	Topical Fluoride for Children	Administrative	Total	943	134	14.21%	N/A	NR	16.44%	–	Ø	High confidence
CBC	Topical Fluoride for Children	Administrative	1-2	208	22	10.58%	N/A	NR	13.87%	–	Opportunity	High confidence
CBC	Topical Fluoride for Children	Administrative	3-4	251	36	14.34%	N/A	NR	18.64%	–	Opportunity	High confidence
CBC	Topical Fluoride for Children	Administrative	Total	459	58	12.64%	N/A	NR	16.44%	–	Opportunity	High confidence
GEI	Topical Fluoride for Children	Administrative	1-2	431	58	13.46%	N/A	NR	13.87%	–	Ø	High confidence
GEI	Topical Fluoride for Children	Administrative	3-4	510	121	23.73%	N/A	NR	18.64%	+	Strength	High confidence
GEI	Topical Fluoride for Children	Administrative	Total	941	179	19.02%	N/A	NR	16.44%	+	Ø	High confidence
HPP	Topical Fluoride for Children	Administrative	1-2	201	25	12.44%	N/A	NR	13.87%	–	Ø	High confidence
HPP	Topical Fluoride for Children	Administrative	3-4	207	36	17.39%	N/A	NR	18.64%	–	Ø	High confidence
HPP	Topical Fluoride for Children	Administrative	Total	408	61	14.95%	N/A	NR	16.44%	–	Ø	High confidence
HHK	Topical Fluoride for Children	Administrative	1-2	333	34	10.21%	N/A	NR	13.87%	–	Opportunity	High confidence
HHK	Topical Fluoride for Children	Administrative	3-4	358	57	15.92%	N/A	NR	18.64%	–	Ø	High confidence
HHK	Topical Fluoride for Children	Administrative	Total	691	91	13.17%	N/A	NR	16.44%	–	Opportunity	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Topical Fluoride for Children	Administrative	1-2	228	29	12.72%	N/A	NR	13.87%	–	∅	High confidence
IBC	Topical Fluoride for Children	Administrative	3-4	223	52	23.32%	N/A	NR	18.64%	+	Strength	High confidence
IBC	Topical Fluoride for Children	Administrative	Total	451	81	17.96%	N/A	NR	16.44%	+	∅	High confidence
UHC	Topical Fluoride for Children	Administrative	1-2	447	67	14.99%	N/A	NR	13.87%	+	∅	High confidence
UHC	Topical Fluoride for Children	Administrative	3-4	556	114	20.50%	N/A	NR	18.64%	+	∅	High confidence
UHC	Topical Fluoride for Children	Administrative	Total	1,003	181	18.05%	N/A	NR	16.44%	+	∅	High confidence
UPMC	Topical Fluoride for Children	Administrative	1-2	1,188	199	16.75%	N/A	NR	13.87%	+	∅	High confidence
UPMC	Topical Fluoride for Children	Administrative	3-4	1,485	260	17.51%	N/A	NR	18.64%	–	∅	High confidence
UPMC	Topical Fluoride for Children	Administrative	Total	2,673	459	17.17%	N/A	NR	16.44%	+	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Electronic Clinical Data Systems

The measures in the ECDS category are listed in Table 26, followed by the measure data in Tables 27–35.

Table 26: Electronic Clinical Data Systems Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Childhood Immunization Status	-	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. This measure is calculated using electronic clinical data.	The measure calculates a rate for each vaccine and three combination rates. Combination 3 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, and PCV. Combination 7 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, and RV. Combination 10 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and influenza.	2 years of age
NCQA	Depression Remission or Response for Adolescents and Adults	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score who had evidence of response or remission within 4–8 months of the elevated score. This measure is calculated using electronic clinical data.	Rate 1: Follow-Up PHQ-9. The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score. Rate 2: Depression Remission. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score. Rate 3: Depression Response. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.	Ages 12–17 years, ages 18–19 years, and total ages

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Depression Screening and Follow-Up for Adolescents and Adults	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. This measure is calculated using electronic clinical data.	Rate 1: Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. Rate 2: Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.	Ages 12–17 years, ages 18–19 years, and total ages
NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	-	Reported as HEDIS-audited measure	This measure assesses the percentage of children newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. This measure is calculated using electronic clinical data.	Rate 1: Initiation Phase. The percentage of members ages 6–12 years as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase. Rate 2: Continuation and Maintenance Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	Ages 6–12 years
NCQA	Immunizations for Adolescents	-	Reported as HEDIS-audited measure	This measure assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. This measure is calculated using electronic clinical data.	The measure calculates a rate for each vaccine and two combination rates. Combination 1 includes the meningococcal and Tdap vaccine, and Combination 2 includes all three vaccinations.	13 years of age
NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics	-	Reported as HEDIS-audited measure	This measure assesses the percentage of children and adolescents ages 1–17 years who had two or more antipsychotic prescriptions and had metabolic testing. This measure is calculated using electronic clinical data.	Rate 1: The percentage of children and adolescents on antipsychotics who received blood glucose testing. Rate 2: The percentage of children and adolescents on antipsychotics who received cholesterol testing. Rate 3: The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	Ages 1–11 years, ages 12–17 years, and total ages
NCQA	Social Need Screening and Intervention	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs and received a corresponding intervention if they screened positive. This measure is calculated using electronic clinical data.	Rate 1: Food Screening. The percentage of members who were screened for food insecurity. Rate 2: Food Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity. Rate 3: Housing Screening. The percentage of members who were screened for housing instability, homelessness, or housing inadequacy. Rate 4: Housing Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness, or housing inadequacy. Rate 5: Transportation Screening. The percentage of members who were screened for transportation insecurity. Rate 6: Transportation Intervention. The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.	Ages 0–17 years, 18–19 years, and total ages

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	-	Reported as HEDIS-audited measure	This measure assesses the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. This measure is calculated using electronic clinical data.	Rate 1: Utilization of PHQ-9 Period 1. Rate 2: Utilization of PHQ-9 Period 2. Rate 3: Utilization of PHQ-9 Period 3. Rate 4: Utilization of PHQ-9 Period 4.	Ages 12–17 years, ages 18–19 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; PHQ: Patient Health Questionnaire.

Table 27: Childhood Immunization Status Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	DTaP	ECDS	13	258	179	69.38%	79.91%	–	74.58%	–	Opportunity	High confidence
ABH	IPV	ECDS	13	258	201	77.91%	87.21%	–	82.51%	–	Opportunity	High confidence
ABH	MMR	ECDS	13	258	212	82.17%	86.76%	–	85.94%	–	Opportunity	High confidence
ABH	HiB	ECDS	13	258	201	77.91%	86.30%	–	83.32%	–	Opportunity	High confidence
ABH	Hepatitis B	ECDS	13	258	175	67.83%	80.82%	–	76.33%	–	Opportunity	High confidence
ABH	VZV	ECDS	13	258	212	82.17%	85.84%	–	85.57%	–	Opportunity	High confidence
ABH	Pneumococcal Conjugate	ECDS	13	258	184	71.32%	80.37%	–	76.89%	–	Opportunity	High confidence
ABH	Hepatitis A	ECDS	13	258	209	81.01%	86.76%	–	84.01%	–	Opportunity	High confidence
ABH	Rotavirus	ECDS	13	258	179	69.38%	71.69%	–	72.96%	–	Opportunity	High confidence
ABH	Influenza	ECDS	13	258	124	48.06%	52.05%	–	47.41%	+	Ø	High confidence
ABH	Combo 3	ECDS	13	258	146	56.59%	69.86%	–	64.27%	–	Opportunity	High confidence
ABH	Combo 7	ECDS	13	258	131	50.78%	58.90%	–	58.47%	–	Opportunity	High confidence
ABH	Combo 10	ECDS	13	258	85	32.95%	40.18%	–	35.60%	–	Ø	High confidence
CBC	DTaP	ECDS	13	95	59	62.11%	76.92%	–	74.58%	–	Opportunity	High confidence
CBC	IPV	ECDS	13	95	71	74.74%	81.32%	–	82.51%	–	Opportunity	High confidence
CBC	MMR	ECDS	13	95	77	81.05%	82.42%	–	85.94%	–	Opportunity	High confidence
CBC	HiB	ECDS	13	95	66	69.47%	83.52%	–	83.32%	–	Opportunity	High confidence
CBC	Hepatitis B	ECDS	13	95	70	73.68%	71.43%	+	76.33%	–	Ø	High confidence
CBC	VZV	ECDS	13	95	75	78.95%	83.52%	–	85.57%	–	Opportunity	High confidence
CBC	Pneumococcal Conjugate	ECDS	13	95	63	66.32%	76.92%	–	76.89%	–	Opportunity	High confidence
CBC	Hepatitis A	ECDS	13	95	73	76.84%	79.12%	–	84.01%	–	Opportunity	High confidence
CBC	Rotavirus	ECDS	13	95	53	55.79%	74.73%	–	72.96%	–	Opportunity	High confidence
CBC	Influenza	ECDS	13	95	43	45.26%	43.96%	+	47.41%	–	Ø	High confidence
CBC	Combo 3	ECDS	13	95	52	54.74%	61.54%	–	64.27%	–	Opportunity	High confidence
CBC	Combo 7	ECDS	13	95	45	47.37%	59.34%	–	58.47%	–	Opportunity	High confidence
CBC	Combo 10	ECDS	13	95	32	33.68%	34.07%	–	35.60%	–	Ø	High confidence
GEI	DTaP	ECDS	13	162	124	76.54%	75.94%	+	74.58%	+	Ø	High confidence
GEI	IPV	ECDS	13	162	132	81.48%	84.96%	–	82.51%	–	Ø	High confidence
GEI	MMR	ECDS	13	162	143	88.27%	83.46%	+	85.94%	+	Ø	High confidence
GEI	HiB	ECDS	13	162	135	83.33%	84.96%	–	83.32%	n.s.	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Hepatitis B	ECDS	13	162	121	74.69%	83.46%	–	76.33%	–	Ø	High confidence
GEI	VZV	ECDS	13	162	142	87.65%	85.71%	+	85.57%	+	Ø	High confidence
GEI	Pneumococcal Conjugate	ECDS	13	162	125	77.16%	76.69%	+	76.89%	+	Ø	High confidence
GEI	Hepatitis A	ECDS	13	162	142	87.65%	81.95%	+	84.01%	+	Strength	High confidence
GEI	Rotavirus	ECDS	13	162	113	69.75%	72.93%	–	72.96%	–	Opportunity	High confidence
GEI	Influenza	ECDS	13	162	81	50.00%	49.62%	+	47.41%	+	Ø	High confidence
GEI	Combo 3	ECDS	13	162	103	63.58%	72.18%	–	64.27%	–	Ø	High confidence
GEI	Combo 7	ECDS	13	162	91	56.17%	63.16%	–	58.47%	–	Ø	High confidence
GEI	Combo 10	ECDS	13	162	58	35.80%	42.11%	–	35.60%	+	Ø	High confidence
HPP	DTaP	ECDS	13	99	68	68.69%	50.00%	+	74.58%	–	Opportunity	High confidence
HPP	IPV	ECDS	13	99	79	79.80%	65.63%	+	82.51%	–	Ø	High confidence
HPP	MMR	ECDS	13	99	86	86.87%	79.69%	+	85.94%	+	Ø	High confidence
HPP	HiB	ECDS	13	99	81	81.82%	68.75%	+	83.32%	–	Ø	High confidence
HPP	Hepatitis B	ECDS	13	99	73	73.74%	60.94%	+	76.33%	–	Ø	High confidence
HPP	VZV	ECDS	13	99	86	86.87%	75.00%	+	85.57%	+	Ø	High confidence
HPP	Pneumococcal Conjugate	ECDS	13	99	66	66.67%	54.69%	+	76.89%	–	Opportunity	High confidence
HPP	Hepatitis A	ECDS	13	99	81	81.82%	76.56%	+	84.01%	–	Ø	High confidence
HPP	Rotavirus	ECDS	13	99	59	59.60%	54.69%	+	72.96%	–	Opportunity	High confidence
HPP	Influenza	ECDS	13	99	38	38.38%	35.94%	+	47.41%	–	Opportunity	High confidence
HPP	Combo 3	ECDS	13	99	56	56.57%	39.06%	+	64.27%	–	Opportunity	High confidence
HPP	Combo 7	ECDS	13	99	48	48.48%	37.50%	+	58.47%	–	Opportunity	High confidence
HPP	Combo 10	ECDS	13	99	27	27.27%	25.00%	+	35.60%	–	Opportunity	High confidence
HHK	DTaP	ECDS	13	175	132	75.43%	77.70%	–	74.58%	+	Ø	High confidence
HHK	IPV	ECDS	13	175	144	82.29%	83.11%	–	82.51%	–	Ø	High confidence
HHK	MMR	ECDS	13	175	147	84.00%	90.54%	–	85.94%	–	Ø	High confidence
HHK	HiB	ECDS	13	175	147	84.00%	83.11%	+	83.32%	+	Ø	High confidence
HHK	Hepatitis B	ECDS	13	175	136	77.71%	81.08%	–	76.33%	+	Ø	High confidence
HHK	VZV	ECDS	13	175	146	83.43%	88.51%	–	85.57%	–	Ø	High confidence
HHK	Pneumococcal Conjugate	ECDS	13	175	139	79.43%	77.70%	+	76.89%	+	Ø	High confidence
HHK	Hepatitis A	ECDS	13	175	141	80.57%	85.14%	–	84.01%	–	Opportunity	High confidence
HHK	Rotavirus	ECDS	13	175	135	77.14%	75.00%	+	72.96%	+	Strength	High confidence
HHK	Influenza	ECDS	13	175	78	44.57%	50.68%	–	47.41%	–	Ø	High confidence
HHK	Combo 3	ECDS	13	175	111	63.43%	68.92%	–	64.27%	–	Ø	High confidence
HHK	Combo 7	ECDS	13	175	106	60.57%	62.84%	–	58.47%	+	Ø	High confidence
HHK	Combo 10	ECDS	13	175	60	34.29%	43.92%	–	35.60%	–	Ø	High confidence
IBC	DTaP	ECDS	13	136	102	75.00%	N/A	NR	74.58%	+	Ø	High confidence
IBC	IPV	ECDS	13	136	110	80.88%	N/A	NR	82.51%	–	Ø	High confidence
IBC	MMR	ECDS	13	136	107	78.68%	N/A	NR	85.94%	–	Opportunity	High confidence
IBC	HiB	ECDS	13	136	113	83.09%	N/A	NR	83.32%	–	Ø	High confidence
IBC	Hepatitis B	ECDS	13	136	98	72.06%	N/A	NR	76.33%	–	Opportunity	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	VZV	ECDS	13	136	107	78.68%	N/A	NR	85.57%	–	Opportunity	High confidence
IBC	Pneumococcal Conjugate	ECDS	13	136	101	74.26%	N/A	NR	76.89%	–	Ø	High confidence
IBC	Hepatitis A	ECDS	13	136	108	79.41%	N/A	NR	84.01%	–	Opportunity	High confidence
IBC	Rotavirus	ECDS	13	136	96	70.59%	N/A	NR	72.96%	–	Ø	High confidence
IBC	Influenza	ECDS	13	136	75	55.15%	N/A	NR	47.41%	+	Strength	High confidence
IBC	Combo 3	ECDS	13	136	85	62.50%	N/A	NR	64.27%	–	Ø	High confidence
IBC	Combo 7	ECDS	13	136	78	57.35%	N/A	NR	58.47%	–	Ø	High confidence
IBC	Combo 10	ECDS	13	136	59	43.38%	N/A	NR	35.60%	+	Strength	High confidence
UHC	DTaP	ECDS	13	248	188	75.81%	84.77%	–	74.58%	+	Ø	High confidence
UHC	IPV	ECDS	13	248	209	84.27%	89.71%	–	82.51%	+	Ø	High confidence
UHC	MMR	ECDS	13	248	211	85.08%	88.89%	–	85.94%	–	Ø	High confidence
UHC	HiB	ECDS	13	248	212	85.48%	89.71%	–	83.32%	+	Ø	High confidence
UHC	Hepatitis B	ECDS	13	248	188	75.81%	88.07%	–	76.33%	–	Ø	High confidence
UHC	VZV	ECDS	13	248	211	85.08%	89.30%	–	85.57%	–	Ø	High confidence
UHC	Pneumococcal Conjugate	ECDS	13	248	194	78.23%	83.54%	–	76.89%	+	Ø	High confidence
UHC	Hepatitis A	ECDS	13	248	203	81.85%	86.83%	–	84.01%	–	Ø	High confidence
UHC	Rotavirus	ECDS	13	248	190	76.61%	81.07%	–	72.96%	+	Strength	High confidence
UHC	Influenza	ECDS	13	248	120	48.39%	62.96%	–	47.41%	+	Ø	High confidence
UHC	Combo 3	ECDS	13	248	163	65.73%	78.19%	–	64.27%	+	Ø	High confidence
UHC	Combo 7	ECDS	13	248	153	61.69%	74.90%	–	58.47%	+	Strength	High confidence
UHC	Combo 10	ECDS	13	248	93	37.50%	53.91%	–	35.60%	+	Ø	High confidence
UPMC	DTaP	ECDS	13	428	342	79.91%	80.49%	–	74.58%	+	Strength	High confidence
UPMC	IPV	ECDS	13	428	375	87.62%	88.15%	–	82.51%	+	Strength	High confidence
UPMC	MMR	ECDS	13	428	393	91.82%	90.86%	+	85.94%	+	Strength	High confidence
UPMC	HiB	ECDS	13	428	379	88.55%	87.65%	+	83.32%	+	Strength	High confidence
UPMC	Hepatitis B	ECDS	13	428	361	84.35%	85.93%	–	76.33%	+	Strength	High confidence
UPMC	VZV	ECDS	13	428	391	91.36%	89.63%	+	85.57%	+	Strength	High confidence
UPMC	Pneumococcal Conjugate	ECDS	13	428	359	83.88%	83.46%	+	76.89%	+	Strength	High confidence
UPMC	Hepatitis A	ECDS	13	428	388	90.65%	88.40%	+	84.01%	+	Strength	High confidence
UPMC	Rotavirus	ECDS	13	428	343	80.14%	77.28%	+	72.96%	+	Strength	High confidence
UPMC	Influenza	ECDS	13	428	200	46.73%	53.58%	–	47.41%	–	Ø	High confidence
UPMC	Combo 3	ECDS	13	428	313	73.13%	73.83%	–	64.27%	+	Strength	High confidence
UPMC	Combo 7	ECDS	13	428	284	66.36%	66.42%	n.s.	58.47%	+	Strength	High confidence
UPMC	Combo 10	ECDS	13	428	156	36.45%	44.20%	–	35.60%	+	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 28: Depression Remission or Response for Adolescents and Adults Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Follow-Up PHQ-9	ECDS	12-17	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
ABH	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Follow-Up PHQ-9	ECDS	Total	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
ABH	Depression Remission	ECDS	12-17	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
ABH	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Depression Remission	ECDS	Total	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
ABH	Depression Response	ECDS	12-17	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
ABH	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Depression Response	ECDS	Total	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
CBC	Follow-Up PHQ-9	ECDS	12-17	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
CBC	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Follow-Up PHQ-9	ECDS	Total	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
CBC	Depression Remission	ECDS	12-17	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
CBC	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Depression Remission	ECDS	Total	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
CBC	Depression Response	ECDS	12-17	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
CBC	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Depression Response	ECDS	Total	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
GEI	Follow-Up PHQ-9	ECDS	12-17	20	2	N/A	N/A	NR	33.33%	NR	Ø	High confidence
GEI	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Follow-Up PHQ-9	ECDS	Total	20	2	N/A	N/A	NR	33.33%	NR	Ø	High confidence
GEI	Depression Remission	ECDS	12-17	20	1	N/A	N/A	NR	7.69%	NR	Ø	High confidence
GEI	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Depression Remission	ECDS	Total	20	1	N/A	N/A	NR	7.69%	NR	Ø	High confidence
GEI	Depression Response	ECDS	12-17	20	1	N/A	N/A	NR	10.26%	NR	Ø	High confidence
GEI	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Depression Response	ECDS	Total	20	1	N/A	N/A	NR	10.26%	NR	Ø	High confidence
HPP	Follow-Up PHQ-9	ECDS	12-17	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
HPP	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Follow-Up PHQ-9	ECDS	Total	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
HPP	Depression Remission	ECDS	12-17	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
HPP	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Depression Remission	ECDS	Total	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
HPP	Depression Response	ECDS	12-17	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
HPP	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Depression Response	ECDS	Total	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
HHK	Follow-Up PHQ-9	ECDS	12-17	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
HHK	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Follow-Up PHQ-9	ECDS	Total	0	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
HHK	Depression Remission	ECDS	12-17	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Depression Remission	ECDS	Total	0	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
HHK	Depression Response	ECDS	12-17	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
HHK	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Depression Response	ECDS	Total	0	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
IBC	Follow-Up PHQ-9	ECDS	12-17	1	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
IBC	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Follow-Up PHQ-9	ECDS	Total	1	0	N/A	N/A	NR	33.33%	NR	Ø	High confidence
IBC	Depression Remission	ECDS	12-17	1	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
IBC	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Depression Remission	ECDS	Total	1	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
IBC	Depression Response	ECDS	12-17	1	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
IBC	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Depression Response	ECDS	Total	1	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
UHC	Follow-Up PHQ-9	ECDS	12-17	1	1	N/A	N/A	NR	33.33%	NR	Ø	High confidence
UHC	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Follow-Up PHQ-9	ECDS	Total	1	1	N/A	N/A	NR	33.33%	NR	Ø	High confidence
UHC	Depression Remission	ECDS	12-17	1	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
UHC	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Depression Remission	ECDS	Total	1	0	N/A	N/A	NR	7.69%	NR	Ø	High confidence
UHC	Depression Response	ECDS	12-17	1	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
UHC	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Depression Response	ECDS	Total	1	0	N/A	N/A	NR	10.26%	NR	Ø	High confidence
UPMC	Follow-Up PHQ-9	ECDS	12-17	39	13	33.33%	N/A	NR	33.33%	n.s.	Ø	High confidence
UPMC	Follow-Up PHQ-9	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Follow-Up PHQ-9	ECDS	Total	39	13	33.33%	N/A	NR	33.33%	n.s.	Ø	High confidence
UPMC	Depression Remission	ECDS	12-17	39	3	7.69%	N/A	NR	7.69%	n.s.	Ø	High confidence
UPMC	Depression Remission	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Depression Remission	ECDS	Total	39	3	7.69%	N/A	NR	7.69%	n.s.	Ø	High confidence
UPMC	Depression Response	ECDS	12-17	39	4	10.26%	N/A	NR	10.26%	n.s.	Ø	High confidence
UPMC	Depression Response	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Depression Response	ECDS	Total	39	4	10.26%	N/A	NR	10.26%	n.s.	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; PHQ: Patient Health Questionnaire; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 29: Depression Screening and Follow-Up for Adolescents and Adults Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Depression Screening	ECDS	12-17	3,660	2	0.05%	N/A	+	2.08%	–	∅	High confidence
ABH	Depression Screening	ECDS	18-19	42	0	0.00%	N/A	NR	2.52%	–	∅	High confidence
ABH	Depression Screening	ECDS	Total	3,702	2	0.05%	N/A	+	2.09%	–	∅	High confidence
ABH	Follow-Up on Positive Screen	ECDS	12-17	2	2	N/A	N/A	NR	83.06%	NR	∅	High confidence
ABH	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Follow-Up on Positive Screen	ECDS	Total	2	2	N/A	N/A	NR	83.20%	NR	∅	High confidence
CBC	Depression Screening	ECDS	12-17	2,776	18	0.65%	N/A	NR	2.08%	–	∅	High confidence
CBC	Depression Screening	ECDS	18-19	33	1	3.03%	N/A	NR	2.52%	+	∅	High confidence
CBC	Depression Screening	ECDS	Total	2,809	19	0.68%	N/A	NR	2.09%	–	∅	High confidence
CBC	Follow-Up on Positive Screen	ECDS	12-17	2	1	N/A	N/A	NR	83.06%	NR	∅	High confidence
CBC	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Follow-Up on Positive Screen	ECDS	Total	2	1	N/A	N/A	NR	83.20%	NR	∅	High confidence
GEI	Depression Screening	ECDS	12-17	2,976	423	14.21%	N/A	+	2.08%	+	Strength	High confidence
GEI	Depression Screening	ECDS	18-19	35	8	22.86%	N/A	+	2.52%	+	Strength	High confidence
GEI	Depression Screening	ECDS	Total	3,011	431	14.31%	N/A	+	2.09%	+	Strength	High confidence
GEI	Follow-Up on Positive Screen	ECDS	12-17	39	24	61.54%	N/A	–	83.06%	–	Opportunity	High confidence
GEI	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Follow-Up on Positive Screen	ECDS	Total	39	24	61.54%	N/A	–	83.20%	–	Opportunity	High confidence
HPP	Depression Screening	ECDS	12-17	2,138	16	0.75%	N/A	+	2.08%	–	∅	High confidence
HPP	Depression Screening	ECDS	18-19	61	1	1.64%	N/A	+	2.52%	–	∅	High confidence
HPP	Depression Screening	ECDS	Total	2,199	17	0.77%	N/A	+	2.09%	–	∅	High confidence
HPP	Follow-Up on Positive Screen	ECDS	12-17	1	0	N/A	N/A	NR	83.06%	NR	∅	High confidence
HPP	Follow-Up on Positive Screen	ECDS	18-19	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Follow-Up on Positive Screen	ECDS	Total	2	0	N/A	N/A	NR	83.20%	NR	∅	High confidence
HHK	Depression Screening	ECDS	12-17	4,367	0	0.00%	N/A	NA	2.08%	–	∅	High confidence
HHK	Depression Screening	ECDS	18-19	78	0	0.00%	N/A	NA	2.52%	–	∅	High confidence
HHK	Depression Screening	ECDS	Total	4,445	0	0.00%	N/A	NA	2.09%	–	∅	High confidence
HHK	Follow-Up on Positive Screen	ECDS	12-17	0	0	N/A	N/A	NR	83.06%	NR	∅	High confidence
HHK	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Follow-Up on Positive Screen	ECDS	Total	0	0	N/A	N/A	NR	83.20%	NR	∅	High confidence
IBC	Depression Screening	ECDS	12-17	3,556	102	2.87%	N/A	NR	2.08%	+	∅	High confidence
IBC	Depression Screening	ECDS	18-19	48	0	0.00%	N/A	NR	2.52%	–	∅	High confidence
IBC	Depression Screening	ECDS	Total	3,604	102	2.83%	N/A	NR	2.09%	+	∅	High confidence
IBC	Follow-Up on Positive Screen	ECDS	12-17	7	5	N/A	N/A	NR	83.06%	NR	∅	High confidence
IBC	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Follow-Up on Positive Screen	ECDS	Total	7	5	N/A	N/A	NR	83.20%	NR	∅	High confidence
UHC	Depression Screening	ECDS	12-17	5,332	7	0.13%	N/A	–	2.08%	–	∅	High confidence
UHC	Depression Screening	ECDS	18-19	49	0	0.00%	N/A	NA	2.52%	–	∅	High confidence
UHC	Depression Screening	ECDS	Total	5,381	7	0.13%	N/A	–	2.09%	–	∅	High confidence
UHC	Follow-Up on Positive Screen	ECDS	12-17	1	1	N/A	N/A	NR	83.06%	NR	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Follow-Up on Positive Screen	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Follow-Up on Positive Screen	ECDS	Total	1	1	N/A	N/A	NR	83.20%	NR	Ø	High confidence
UPMC	Depression Screening	ECDS	12-17	7,796	104	1.33%	N/A	–	2.08%	–	Ø	High confidence
UPMC	Depression Screening	ECDS	18-19	102	1	0.98%	N/A	–	2.52%	–	Ø	High confidence
UPMC	Depression Screening	ECDS	Total	7,898	105	1.33%	N/A	–	2.09%	–	Ø	High confidence
UPMC	Follow-Up on Positive Screen	ECDS	12-17	45	41	91.11%	N/A	–	83.06%	+	Strength	High confidence
UPMC	Follow-Up on Positive Screen	ECDS	18-19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Follow-Up on Positive Screen	ECDS	Total	46	42	91.30%	N/A	–	83.20%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 30: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Initiation Phase	ECDS	6-12	99	40	40.40%	38.24%	+	47.45%	–	Opportunity	High confidence
ABH	Continuation and Maintenance Phase	ECDS	6-12	19	10	N/A	47.37%	NR	56.00%	NR	Ø	High confidence
CBC	Initiation Phase	ECDS	6-12	85	33	38.82%	45.07%	–	47.45%	–	Opportunity	High confidence
CBC	Continuation and Maintenance Phase	ECDS	6-12	29	11	N/A	50.00%	NR	56.00%	NR	Ø	High confidence
GEI	Initiation Phase	ECDS	6-12	74	36	48.65%	47.37%	+	47.45%	+	Ø	High confidence
GEI	Continuation and Maintenance Phase	ECDS	6-12	31	20	64.52%	57.69%	NR	56.00%	+	Strength	High confidence
HPP	Initiation Phase	ECDS	6-12	35	9	25.71%	25.81%	n.s.	47.45%	–	Opportunity	High confidence
HPP	Continuation and Maintenance Phase	ECDS	6-12	10	3	N/A	60.00%	NR	56.00%	NR	Ø	High confidence
HHK	Initiation Phase	ECDS	6-12	141	66	46.81%	43.05%	+	47.45%	–	Ø	High confidence
HHK	Continuation and Maintenance Phase	ECDS	6-12	40	21	52.50%	59.57%	–	56.00%	–	Opportunity	High confidence
IBC	Initiation Phase	ECDS	6-12	69	33	47.83%	N/A	NR	47.45%	+	Ø	High confidence
IBC	Continuation and Maintenance Phase	ECDS	6-12	24	9	N/A	N/A	NR	56.00%	NR	Ø	High confidence
UHC	Initiation Phase	ECDS	6-12	142	66	46.48%	50.57%	–	47.45%	–	Ø	High confidence
UHC	Continuation and Maintenance Phase	ECDS	6-12	52	25	48.08%	55.32%	–	56.00%	–	Opportunity	High confidence
UPMC	Initiation Phase	ECDS	6-12	219	127	57.99%	56.08%	+	47.45%	+	Strength	High confidence
UPMC	Continuation and Maintenance Phase	ECDS	6-12	77	46	59.74%	62.12%	–	56.00%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 31: Immunizations for Adolescents Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Meningococcal	ECDS	13	835	695	83.23%	85.26%	–	86.66%	–	Opportunity	High confidence
ABH	Tdap	ECDS	13	835	701	83.95%	86.49%	–	87.31%	–	Opportunity	High confidence
ABH	HPV	ECDS	13	835	309	37.01%	39.61%	–	35.31%	+	Ø	High confidence
ABH	Combination 1	ECDS	13	835	691	82.75%	84.65%	–	85.90%	–	Opportunity	High confidence
ABH	Combination 2	ECDS	13	835	305	36.53%	39.00%	–	34.73%	+	Ø	High confidence
CBC	Meningococcal	ECDS	13	616	537	87.18%	N/A	NR	86.66%	+	Ø	High confidence
CBC	Tdap	ECDS	13	616	541	87.82%	N/A	NR	87.31%	+	Ø	High confidence
CBC	HPV	ECDS	13	616	178	28.90%	N/A	NR	35.31%	–	Opportunity	High confidence
CBC	Combination 1	ECDS	13	616	532	86.36%	N/A	NR	85.90%	+	Ø	High confidence
CBC	Combination 2	ECDS	13	616	178	28.90%	N/A	NR	34.73%	–	Opportunity	High confidence
GEI	Meningococcal	ECDS	13	588	516	87.76%	87.28%	+	86.66%	+	Ø	High confidence
GEI	Tdap	ECDS	13	588	517	87.93%	87.28%	+	87.31%	+	Ø	High confidence
GEI	HPV	ECDS	13	588	179	30.44%	30.14%	+	35.31%	–	Opportunity	High confidence
GEI	Combination 1	ECDS	13	588	508	86.39%	85.71%	+	85.90%	+	Ø	High confidence
GEI	Combination 2	ECDS	13	588	176	29.93%	29.79%	+	34.73%	–	Opportunity	High confidence
HPP	Meningococcal	ECDS	13	459	377	82.14%	80.84%	+	86.66%	–	Opportunity	High confidence
HPP	Tdap	ECDS	13	459	386	84.10%	81.85%	+	87.31%	–	Opportunity	High confidence
HPP	HPV	ECDS	13	459	179	39.00%	35.97%	+	35.31%	+	Strength	High confidence
HPP	Combination 1	ECDS	13	459	375	81.70%	79.16%	+	85.90%	–	Opportunity	High confidence
HPP	Combination 2	ECDS	13	459	171	37.25%	34.29%	+	34.73%	+	Ø	High confidence
HHK	Meningococcal	ECDS	13	912	784	85.96%	88.77%	–	86.66%	–	Ø	High confidence
HHK	Tdap	ECDS	13	912	790	86.62%	88.77%	–	87.31%	–	Ø	High confidence
HHK	HPV	ECDS	13	912	246	26.97%	31.43%	–	35.31%	–	Opportunity	High confidence
HHK	Combination 1	ECDS	13	912	776	85.09%	87.68%	–	85.90%	–	Ø	High confidence
HHK	Combination 2	ECDS	13	912	242	26.54%	31.34%	–	34.73%	–	Opportunity	High confidence
IBC	Meningococcal	ECDS	13	730	647	88.63%	N/A	NR	86.66%	+	Ø	High confidence
IBC	Tdap	ECDS	13	730	642	87.95%	N/A	NR	87.31%	+	Ø	High confidence
IBC	HPV	ECDS	13	730	304	41.64%	N/A	NR	35.31%	+	Strength	High confidence
IBC	Combination 1	ECDS	13	730	636	87.12%	N/A	NR	85.90%	+	Ø	High confidence
IBC	Combination 2	ECDS	13	730	299	40.96%	N/A	NR	34.73%	+	Strength	High confidence
UHC	Meningococcal	ECDS	13	1,212	1,066	87.95%	89.69%	–	86.66%	+	Ø	High confidence
UHC	Tdap	ECDS	13	1,212	1,076	88.78%	89.56%	–	87.31%	+	Ø	High confidence
UHC	HPV	ECDS	13	1,212	487	40.18%	39.66%	+	35.31%	+	Strength	High confidence
UHC	Combination 1	ECDS	13	1,212	1,058	87.29%	88.76%	–	85.90%	+	Ø	High confidence
UHC	Combination 2	ECDS	13	1,212	482	39.77%	39.39%	+	34.73%	+	Strength	High confidence
UPMC	Meningococcal	ECDS	13	1,535	1,346	87.69%	89.93%	–	86.66%	+	Ø	High confidence
UPMC	Tdap	ECDS	13	1,535	1,360	88.60%	90.41%	–	87.31%	+	Ø	High confidence
UPMC	HPV	ECDS	13	1,535	550	35.83%	37.01%	–	35.31%	+	Ø	High confidence
UPMC	Combination 1	ECDS	13	1,535	1,340	87.30%	89.21%	–	85.90%	+	Ø	High confidence
UPMC	Combination 2	ECDS	13	1,535	539	35.11%	36.53%	–	34.73%	+	Ø	High confidence



<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 32: Immunizations for Adolescents Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Meningococcal	Race	White	412	347	84.22%	N/A	NR	87.27%	–	Opportunity	High confidence
ABH	Meningococcal	Race	Black or African American	203	164	80.79%	N/A	NR	83.34%	–	∅	High confidence
ABH	Meningococcal	Race	American Indian or Alaska Native	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Asian	60	51	85.00%	N/A	NR	92.76%	–	Opportunity	High confidence
ABH	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Some Other Race	18	18	N/A	N/A	NR	88.00%	NR	∅	High confidence
ABH	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
ABH	Meningococcal	Race	Unknown	140	114	81.43%	N/A	NR	86.20%	–	Opportunity	High confidence
ABH	Meningococcal	Ethnicity	Hispanic or Latino	34	27	79.41%	N/A	NR	87.81%	–	Opportunity	High confidence
ABH	Meningococcal	Ethnicity	Not Hispanic or Latino	2	1	N/A	N/A	NR	88.28%	NR	∅	High confidence
ABH	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Ethnicity	Unknown	799	667	83.48%	N/A	NR	84.57%	–	∅	High confidence
ABH	Tdap	Race	White	412	349	84.71%	N/A	NR	88.09%	–	Opportunity	High confidence
ABH	Tdap	Race	Black or African American	203	164	80.79%	N/A	NR	84.09%	–	Opportunity	High confidence
ABH	Tdap	Race	American Indian or Alaska Native	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Asian	60	53	88.33%	N/A	NR	92.76%	–	Opportunity	High confidence
ABH	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Some Other Race	18	18	N/A	N/A	NR	88.00%	NR	∅	High confidence
ABH	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
ABH	Tdap	Race	Unknown	140	116	82.86%	N/A	NR	86.76%	–	Opportunity	High confidence
ABH	Tdap	Ethnicity	Hispanic or Latino	34	27	79.41%	N/A	NR	87.60%	–	Opportunity	High confidence
ABH	Tdap	Ethnicity	Not Hispanic or Latino	2	1	N/A	N/A	NR	88.86%	NR	∅	High confidence
ABH	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Ethnicity	Unknown	799	673	84.23%	N/A	NR	85.44%	–	∅	High confidence
ABH	HPV	Race	White	412	132	32.04%	N/A	NR	32.97%	–	∅	High confidence
ABH	HPV	Race	Black or African American	203	81	39.90%	N/A	NR	42.61%	–	∅	High confidence
ABH	HPV	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	HPV	Race	Asian	60	31	51.67%	N/A	NR	60.35%	–	Opportunity	High confidence
ABH	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	HPV	Race	Some Other Race	18	7	N/A	N/A	NR	45.00%	NR	∅	High confidence
ABH	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	HPV	Race	Unknown	140	58	41.43%	N/A	NR	32.72%	+	Strength	High confidence
ABH	HPV	Ethnicity	Hispanic or Latino	34	14	41.18%	N/A	NR	50.00%	–	Opportunity	High confidence
ABH	HPV	Ethnicity	Not Hispanic or Latino	2	0	N/A	N/A	NR	36.03%	NR	∅	High confidence
ABH	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	HPV	Ethnicity	Unknown	799	295	36.92%	N/A	NR	32.02%	+	Strength	High confidence
ABH	Combination 1	Race	White	412	343	83.25%	N/A	NR	86.43%	–	Opportunity	High confidence
ABH	Combination 1	Race	Black or African American	203	164	80.79%	N/A	NR	82.96%	–	∅	High confidence
ABH	Combination 1	Race	American Indian or Alaska Native	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 1	Race	Asian	60	51	85.00%	N/A	NR	92.07%	–	Opportunity	High confidence
ABH	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 1	Race	Some Other Race	18	18	N/A	N/A	NR	87.50%	NR	∅	High confidence
ABH	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	∅	High confidence
ABH	Combination 1	Race	Unknown	140	114	81.43%	N/A	NR	85.49%	–	Opportunity	High confidence
ABH	Combination 1	Ethnicity	Hispanic or Latino	34	27	79.41%	N/A	NR	86.99%	–	Opportunity	High confidence
ABH	Combination 1	Ethnicity	Not Hispanic or Latino	2	1	N/A	N/A	NR	87.47%	NR	∅	High confidence
ABH	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 1	Ethnicity	Unknown	799	663	82.98%	N/A	NR	83.89%	–	∅	High confidence
ABH	Combination 2	Race	White	412	131	31.80%	N/A	NR	32.46%	–	∅	High confidence
ABH	Combination 2	Race	Black or African American	203	80	39.41%	N/A	NR	41.60%	–	∅	High confidence
ABH	Combination 2	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 2	Race	Asian	60	30	50.00%	N/A	NR	59.66%	–	Opportunity	High confidence
ABH	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 2	Race	Some Other Race	18	7	N/A	N/A	NR	44.00%	NR	∅	High confidence
ABH	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
ABH	Combination 2	Race	Unknown	140	57	40.71%	N/A	NR	32.22%	+	Strength	High confidence
ABH	Combination 2	Ethnicity	Hispanic or Latino	34	13	38.24%	N/A	NR	49.58%	–	Opportunity	High confidence
ABH	Combination 2	Ethnicity	Not Hispanic or Latino	2	0	N/A	N/A	NR	35.51%	NR	∅	High confidence
ABH	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Combination 2	Ethnicity	Unknown	799	292	36.55%	N/A	NR	31.33%	+	Strength	High confidence
CBC	Meningococcal	Race	White	553	480	86.80%	N/A	NR	87.27%	–	∅	High confidence
CBC	Meningococcal	Race	Black or African American	11	9	N/A	N/A	NR	83.34%	NR	∅	High confidence
CBC	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Meningococcal	Race	Asian	7	7	N/A	N/A	NR	92.76%	NR	∅	High confidence
CBC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR		High confidence
CBC	Meningococcal	Race	Some Other Race	41	38	92.68%	N/A	NR	88.00%	+	Strength	High confidence
CBC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
CBC	Meningococcal	Race	Unknown	4	3	N/A	N/A	NR	86.20%	NR	∅	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Meningococcal	Ethnicity	Hispanic or Latino	41	38	92.68%	N/A	NR	87.81%	+	Strength	High confidence
CBC	Meningococcal	Ethnicity	Not Hispanic or Latino	571	496	86.87%	N/A	NR	88.28%	–	Ø	High confidence
CBC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Meningococcal	Ethnicity	Unknown	4	3	N/A	N/A	NR	84.57%	NR	Ø	High confidence
CBC	Tdap	Race	White	553	484	87.52%	N/A	NR	88.09%	–	Ø	High confidence
CBC	Tdap	Race	Black or African American	11	9	N/A	N/A	NR	84.09%	NR	Ø	High confidence
CBC	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Asian	7	7	N/A	N/A	NR	92.76%	NR	Ø	High confidence
CBC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Some Other Race	41	38	92.68%	N/A	NR	88.00%	+	Strength	High confidence
CBC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	Ø	High confidence
CBC	Tdap	Race	Unknown	4	3	N/A	N/A	NR	86.76%	NR	Ø	High confidence
CBC	Tdap	Ethnicity	Hispanic or Latino	41	38	92.68%	N/A	NR	87.60%	+	Strength	High confidence
CBC	Tdap	Ethnicity	Not Hispanic or Latino	571	500	87.57%	N/A	NR	88.86%	–	Ø	High confidence
CBC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Ethnicity	Unknown	4	3	N/A	N/A	NR	85.44%	NR	Ø	High confidence
CBC	HPV	Race	White	553	152	27.49%	N/A	NR	32.97%	–	Opportunity	High confidence
CBC	HPV	Race	Black or African American	11	2	N/A	N/A	NR	42.61%	NR	Ø	High confidence
CBC	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Asian	7	3	N/A	N/A	NR	60.35%	NR	Ø	High confidence
CBC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Some Other Race	41	19	46.34%	N/A	NR	45.00%	+	Ø	High confidence
CBC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	Ø	High confidence
CBC	HPV	Race	Unknown	4	2	N/A	N/A	NR	32.72%	NR	Ø	High confidence
CBC	HPV	Ethnicity	Hispanic or Latino	41	19	46.34%	N/A	NR	50.00%	–	Opportunity	High confidence
CBC	HPV	Ethnicity	Not Hispanic or Latino	571	157	27.50%	N/A	NR	36.03%	–	Opportunity	High confidence
CBC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Ethnicity	Unknown	4	2	N/A	N/A	NR	32.02%	NR	Ø	High confidence
CBC	Combination 1	Race	White	553	475	85.90%	N/A	NR	86.43%	–	Ø	High confidence
CBC	Combination 1	Race	Black or African American	11	9	N/A	N/A	NR	82.96%	NR	Ø	High confidence
CBC	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Asian	7	7	N/A	N/A	NR	92.07%	NR	Ø	High confidence
CBC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Some Other Race	41	38	92.68%	N/A	NR	87.50%	+	Strength	High confidence
CBC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	Ø	High confidence
CBC	Combination 1	Race	Unknown	4	3	N/A	N/A	NR	85.49%	NR	Ø	High confidence
CBC	Combination 1	Ethnicity	Hispanic or Latino	41	38	92.68%	N/A	NR	86.99%	+	Strength	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Combination 1	Ethnicity	Not Hispanic or Latino	571	491	85.99%	N/A	NR	87.47%	–	∅	High confidence
CBC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Combination 1	Ethnicity	Unknown	4	3	N/A	N/A	NR	83.89%	NR	∅	High confidence
CBC	Combination 2	Race	White	553	152	27.49%	N/A	NR	32.46%	–	Opportunity	High confidence
CBC	Combination 2	Race	Black or African American	11	2	N/A	N/A	NR	41.60%	NR	∅	High confidence
CBC	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Combination 2	Race	Asian	7	3	N/A	N/A	NR	59.66%	NR	∅	High confidence
CBC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Combination 2	Race	Some Other Race	41	19	46.34%	N/A	NR	44.00%	+	∅	High confidence
CBC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
CBC	Combination 2	Race	Unknown	4	2	N/A	N/A	NR	32.22%	NR	∅	High confidence
CBC	Combination 2	Ethnicity	Hispanic or Latino	41	19	46.34%	N/A	NR	49.58%	–	Opportunity	High confidence
CBC	Combination 2	Ethnicity	Not Hispanic or Latino	571	157	27.50%	N/A	NR	35.51%	–	Opportunity	High confidence
CBC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Combination 2	Ethnicity	Unknown	4	2	N/A	N/A	NR	31.33%	NR	∅	High confidence
GEI	Meningococcal	Race	White	359	327	91.09%	N/A	NR	87.27%	+	Strength	High confidence
GEI	Meningococcal	Race	Black or African American	17	16	N/A	N/A	NR	83.34%	NR	∅	High confidence
GEI	Meningococcal	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Meningococcal	Race	Asian	9	8	N/A	N/A	NR	92.76%	NR	∅	High confidence
GEI	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
GEI	Meningococcal	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Meningococcal	Race	Asked but No Answer	157	129	82.17%	N/A	NR	83.63%	–	∅	High confidence
GEI	Meningococcal	Race	Unknown	39	29	74.36%	N/A	NR	86.20%	–	Opportunity	High confidence
GEI	Meningococcal	Ethnicity	Hispanic or Latino	52	48	92.31%	N/A	NR	87.81%	+	Strength	High confidence
GEI	Meningococcal	Ethnicity	Not Hispanic or Latino	352	321	91.19%	N/A	NR	88.28%	+	∅	High confidence
GEI	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Meningococcal	Ethnicity	Unknown	184	147	79.89%	N/A	NR	84.57%	–	Opportunity	High confidence
GEI	Tdap	Race	White	359	327	91.09%	N/A	NR	88.09%	+	Strength	High confidence
GEI	Tdap	Race	Black or African American	17	16	N/A	N/A	NR	84.09%	NR	∅	High confidence
GEI	Tdap	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Tdap	Race	Asian	9	9	N/A	N/A	NR	92.76%	NR	∅	High confidence
GEI	Tdap	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
GEI	Tdap	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Tdap	Race	Asked but No Answer	157	128	81.53%	N/A	NR	83.63%	–	∅	High confidence
GEI	Tdap	Race	Unknown	39	30	76.92%	N/A	NR	86.76%	–	Opportunity	High confidence
GEI	Tdap	Ethnicity	Hispanic or Latino	52	49	94.23%	N/A	NR	87.60%	+	Strength	High confidence
GEI	Tdap	Ethnicity	Not Hispanic or Latino	352	321	91.19%	N/A	NR	88.86%	+	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Tdap	Ethnicity	Unknown	184	147	79.89%	N/A	NR	85.44%	–	Opportunity	High confidence
GEI	HPV	Race	White	359	124	34.54%	N/A	NR	32.97%	+	∅	High confidence
GEI	HPV	Race	Black or African American	17	8	N/A	N/A	NR	42.61%	NR	∅	High confidence
GEI	HPV	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	HPV	Race	Asian	9	5	N/A	N/A	NR	60.35%	NR	∅	High confidence
GEI	HPV	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	45.00%	NR	∅	High confidence
GEI	HPV	Race	Two or More Races	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	HPV	Race	Asked but No Answer	157	30	19.11%	N/A	NR	24.34%	–	Opportunity	High confidence
GEI	HPV	Race	Unknown	39	10	25.64%	N/A	NR	32.72%	–	Opportunity	High confidence
GEI	HPV	Ethnicity	Hispanic or Latino	52	25	48.08%	N/A	NR	50.00%	–	∅	High confidence
GEI	HPV	Ethnicity	Not Hispanic or Latino	352	122	34.66%	N/A	NR	36.03%	–	∅	High confidence
GEI	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	HPV	Ethnicity	Unknown	184	32	17.39%	N/A	NR	32.02%	–	Opportunity	High confidence
GEI	Combination 1	Race	White	359	323	89.97%	N/A	NR	86.43%	+	Strength	High confidence
GEI	Combination 1	Race	Black or African American	17	16	N/A	N/A	NR	82.96%	NR	∅	High confidence
GEI	Combination 1	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 1	Race	Asian	9	8	N/A	N/A	NR	92.07%	NR	∅	High confidence
GEI	Combination 1	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	87.50%	NR	∅	High confidence
GEI	Combination 1	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 1	Race	Asked but No Answer	157	125	79.62%	N/A	NR	81.86%	–	∅	High confidence
GEI	Combination 1	Race	Unknown	39	29	74.36%	N/A	NR	85.49%	–	Opportunity	High confidence
GEI	Combination 1	Ethnicity	Hispanic or Latino	52	48	92.31%	N/A	NR	86.99%	+	Strength	High confidence
GEI	Combination 1	Ethnicity	Not Hispanic or Latino	352	317	90.06%	N/A	NR	87.47%	+	∅	High confidence
GEI	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 1	Ethnicity	Unknown	184	143	77.72%	N/A	NR	83.89%	–	Opportunity	High confidence
GEI	Combination 2	Race	White	359	122	33.98%	N/A	NR	32.46%	+	∅	High confidence
GEI	Combination 2	Race	Black or African American	17	8	N/A	N/A	NR	41.60%	NR	∅	High confidence
GEI	Combination 2	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 2	Race	Asian	9	5	N/A	N/A	NR	59.66%	NR	∅	High confidence
GEI	Combination 2	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	44.00%	NR	∅	High confidence
GEI	Combination 2	Race	Two or More Races	4	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Combination 2	Race	Asked but No Answer	157	29	18.47%	N/A	NR	23.89%	–	Opportunity	High confidence
GEI	Combination 2	Race	Unknown	39	10	25.64%	N/A	NR	32.22%	–	Opportunity	High confidence
GEI	Combination 2	Ethnicity	Hispanic or Latino	52	25	48.08%	N/A	NR	49.58%	–	∅	High confidence
GEI	Combination 2	Ethnicity	Not Hispanic or Latino	352	120	34.09%	N/A	NR	35.51%	–	∅	High confidence
GEI	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Combination 2	Ethnicity	Unknown	184	31	16.85%	N/A	NR	31.33%	–	Opportunity	High confidence
HPP	Meningococcal	Race	White	176	149	84.66%	N/A	NR	87.27%	–	Ø	High confidence
HPP	Meningococcal	Race	Black or African American	132	100	75.76%	N/A	NR	83.34%	–	Opportunity	High confidence
HPP	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Asian	40	38	95.00%	N/A	NR	92.76%	+	Ø	High confidence
HPP	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Some Other Race	96	80	83.33%	N/A	NR	88.00%	–	Opportunity	High confidence
HPP	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	Ø	High confidence
HPP	Meningococcal	Race	Unknown	15	10	N/A	N/A	NR	86.20%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	87.81%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Not Hispanic or Latino	12	9	N/A	N/A	NR	88.28%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Unknown	443	364	82.17%	N/A	NR	84.57%	–	Ø	High confidence
HPP	Tdap	Race	White	176	154	87.50%	N/A	NR	88.09%	–	Ø	High confidence
HPP	Tdap	Race	Black or African American	132	104	78.79%	N/A	NR	84.09%	–	Opportunity	High confidence
HPP	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Asian	40	38	95.00%	N/A	NR	92.76%	+	Ø	High confidence
HPP	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Some Other Race	96	80	83.33%	N/A	NR	88.00%	–	Opportunity	High confidence
HPP	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	Ø	High confidence
HPP	Tdap	Race	Unknown	15	10	N/A	N/A	NR	86.76%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	87.60%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Not Hispanic or Latino	12	9	N/A	N/A	NR	88.86%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Unknown	443	373	84.20%	N/A	NR	85.44%	NR	Ø	High confidence
HPP	HPV	Race	White	176	68	38.64%	N/A	NR	32.97%	+	Strength	High confidence
HPP	HPV	Race	Black or African American	132	47	35.61%	N/A	NR	42.61%	–	Opportunity	High confidence
HPP	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Race	Asian	40	21	52.50%	N/A	NR	60.35%	–	Opportunity	High confidence
HPP	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Race	Some Other Race	96	40	41.67%	N/A	NR	45.00%	–	Opportunity	High confidence
HPP	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	Ø	High confidence
HPP	HPV	Race	Unknown	15	3	N/A	N/A	NR	32.72%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Hispanic or Latino	4	2	N/A	N/A	NR	50.00%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Not Hispanic or Latino	12	6	N/A	N/A	NR	36.03%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Ethnicity	Unknown	443	171	38.60%	N/A	NR	32.02%	+	Strength	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Combination 1	Race	White	176	148	84.09%	N/A	NR	86.43%	–	∅	High confidence
HPP	Combination 1	Race	Black or African American	132	100	75.76%	N/A	NR	82.96%	–	Opportunity	High confidence
HPP	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 1	Race	Asian	40	38	95.00%	N/A	NR	92.07%	+	∅	High confidence
HPP	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 1	Race	Some Other Race	96	79	82.29%	N/A	NR	87.50%	–	Opportunity	High confidence
HPP	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	∅	High confidence
HPP	Combination 1	Race	Unknown	15	10	N/A	N/A	NR	85.49%	NR	∅	High confidence
HPP	Combination 1	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	86.99%	NR	∅	High confidence
HPP	Combination 1	Ethnicity	Not Hispanic or Latino	12	9	N/A	N/A	NR	87.47%	NR	∅	High confidence
HPP	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 1	Ethnicity	Unknown	443	362	81.72%	N/A	NR	83.89%	–	∅	High confidence
HPP	Combination 2	Race	White	176	66	37.50%	N/A	NR	32.46%	+	Strength	High confidence
HPP	Combination 2	Race	Black or African American	132	43	32.58%	N/A	NR	41.60%	–	Opportunity	High confidence
HPP	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 2	Race	Asian	40	21	52.50%	N/A	NR	59.66%	–	Opportunity	High confidence
HPP	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 2	Race	Some Other Race	96	38	39.58%	N/A	NR	44.00%	–	Opportunity	High confidence
HPP	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
HPP	Combination 2	Race	Unknown	15	3	N/A	N/A	NR	32.22%	NR	∅	High confidence
HPP	Combination 2	Ethnicity	Hispanic or Latino	4	2	N/A	N/A	NR	49.58%	NR	∅	High confidence
HPP	Combination 2	Ethnicity	Not Hispanic or Latino	12	6	N/A	N/A	NR	35.51%	NR	∅	High confidence
HPP	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Combination 2	Ethnicity	Unknown	443	163	36.79%	N/A	NR	31.33%	+	Strength	High confidence
HHK	Meningococcal	Race	White	7	7	N/A	N/A	NR	87.27%	NR	∅	High confidence
HHK	Meningococcal	Race	Black or African American	0	0	N/A	N/A	NR	83.34%	NR	∅	High confidence
HHK	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Meningococcal	Race	Asian	0	0	N/A	N/A	NR	92.76%	NR	∅	High confidence
HHK	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
HHK	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
HHK	Meningococcal	Race	Unknown	905	777	85.86%	N/A	NR	86.20%	–	∅	High confidence
HHK	Meningococcal	Ethnicity	Hispanic or Latino	2	2	N/A	N/A	NR	87.81%	NR	∅	High confidence
HHK	Meningococcal	Ethnicity	Not Hispanic or Latino	13	11	N/A	N/A	NR	88.28%	NR	∅	High confidence
HHK	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Meningococcal	Ethnicity	Unknown	897	771	85.95%	N/A	NR	84.57%	+	∅	High confidence
HHK	Tdap	Race	White	7	7	N/A	N/A	NR	88.09%	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Tdap	Race	Black or African American	0	0	N/A	N/A	NR	84.09%	NR	∅	High confidence
HHK	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Tdap	Race	Asian	0	0	N/A	N/A	NR	92.76%	NR	∅	High confidence
HHK	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
HHK	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
HHK	Tdap	Race	Unknown	905	783	86.52%	N/A	NR	86.76%	–	∅	High confidence
HHK	Tdap	Ethnicity	Hispanic or Latino	2	2	N/A	N/A	NR	87.60%	NR	∅	High confidence
HHK	Tdap	Ethnicity	Not Hispanic or Latino	13	12	N/A	N/A	NR	88.86%	NR	∅	High confidence
HHK	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Tdap	Ethnicity	Unknown	897	776	86.51%	N/A	NR	85.44%	+	∅	High confidence
HHK	HPV	Race	White	7	4	N/A	N/A	NR	32.97%	NR	∅	High confidence
HHK	HPV	Race	Black or African American	0	0	N/A	N/A	NR	42.61%	NR	∅	High confidence
HHK	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	HPV	Race	Asian	0	0	N/A	N/A	NR	60.35%	NR	∅	High confidence
HHK	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	45.00%	NR	∅	High confidence
HHK	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	∅	High confidence
HHK	HPV	Race	Unknown	905	242	26.74%	N/A	NR	32.72%	–	Opportunity	High confidence
HHK	HPV	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	50.00%	NR	∅	High confidence
HHK	HPV	Ethnicity	Not Hispanic or Latino	13	3	N/A	N/A	NR	36.03%	NR	∅	High confidence
HHK	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	HPV	Ethnicity	Unknown	897	242	26.98%	N/A	NR	32.02%	–	Opportunity	High confidence
HHK	Combination 1	Race	White	7	7	N/A	N/A	NR	86.43%	NR	∅	High confidence
HHK	Combination 1	Race	Black or African American	0	0	N/A	N/A	NR	82.96%	NR	∅	High confidence
HHK	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 1	Race	Asian	0	0	N/A	N/A	NR	92.07%	NR	∅	High confidence
HHK	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	87.50%	NR	∅	High confidence
HHK	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	∅	High confidence
HHK	Combination 1	Race	Unknown	905	769	84.97%	N/A	NR	85.49%	–	∅	High confidence
HHK	Combination 1	Ethnicity	Hispanic or Latino	2	2	N/A	N/A	NR	86.99%	NR	∅	High confidence
HHK	Combination 1	Ethnicity	Not Hispanic or Latino	13	11	N/A	N/A	NR	87.47%	NR	∅	High confidence
HHK	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 1	Ethnicity	Unknown	897	763	85.06%	N/A	NR	83.89%	+	∅	High confidence
HHK	Combination 2	Race	White	7	4	N/A	N/A	NR	32.46%	NR	∅	High confidence
HHK	Combination 2	Race	Black or African American	0	0	N/A	N/A	NR	41.60%	NR	∅	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 2	Race	Asian	0	0	N/A	N/A	NR	59.66%	NR	∅	High confidence
HHK	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	44.00%	NR	∅	High confidence
HHK	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
HHK	Combination 2	Race	Unknown	905	238	26.30%	N/A	NR	32.22%	–	Opportunity	High confidence
HHK	Combination 2	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	49.58%	NR	∅	High confidence
HHK	Combination 2	Ethnicity	Not Hispanic or Latino	13	3	N/A	N/A	NR	35.51%	NR	∅	High confidence
HHK	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Combination 2	Ethnicity	Unknown	897	238	26.53%	N/A	NR	31.33%	–	Opportunity	High confidence
IBC	Meningococcal	Race	White	324	283	87.35%	N/A	NR	87.27%	+	∅	High confidence
IBC	Meningococcal	Race	Black or African American	173	153	88.44%	N/A	NR	83.34%	+	Strength	High confidence
IBC	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Meningococcal	Race	Asian	65	61	93.85%	N/A	NR	92.76%	+	∅	High confidence
IBC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Meningococcal	Race	Some Other Race	63	58	92.06%	N/A	NR	88.00%	+	Strength	High confidence
IBC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
IBC	Meningococcal	Race	Unknown	103	90	87.38%	N/A	NR	86.20%	+	∅	High confidence
IBC	Meningococcal	Ethnicity	Hispanic or Latino	99	86	86.87%	N/A	NR	87.81%	–	∅	High confidence
IBC	Meningococcal	Ethnicity	Not Hispanic or Latino	627	557	88.84%	N/A	NR	88.28%	+	∅	High confidence
IBC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Meningococcal	Ethnicity	Unknown	4	4	N/A	N/A	NR	84.57%	NR	∅	High confidence
IBC	Tdap	Race	White	324	281	86.73%	N/A	NR	88.09%	–	∅	High confidence
IBC	Tdap	Race	Black or African American	173	153	88.44%	N/A	NR	84.09%	+	Strength	High confidence
IBC	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Tdap	Race	Asian	65	61	93.85%	N/A	NR	92.76%	+	∅	High confidence
IBC	Tdap	Race	Native Hawaiian or Other Pacific Islander	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Tdap	Race	Some Other Race	63	58	92.06%	N/A	NR	88.00%	+	Strength	High confidence
IBC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
IBC	Tdap	Race	Unknown	103	87	84.47%	N/A	NR	86.76%	–	∅	High confidence
IBC	Tdap	Ethnicity	Hispanic or Latino	99	83	83.84%	N/A	NR	87.60%	–	Opportunity	High confidence
IBC	Tdap	Ethnicity	Not Hispanic or Latino	627	555	88.52%	N/A	NR	88.86%	–	∅	High confidence
IBC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Tdap	Ethnicity	Unknown	4	4	N/A	N/A	NR	85.44%	NR	∅	High confidence
IBC	HPV	Race	White	324	96	29.63%	N/A	NR	32.97%	–	Opportunity	High confidence
IBC	HPV	Race	Black or African American	173	85	49.13%	N/A	NR	42.61%	+	Strength	High confidence
IBC	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	HPV	Race	Asian	65	40	61.54%	N/A	NR	60.35%	+	∅	High confidence
IBC	HPV	Race	Native Hawaiian or Other Pacific Islander	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	HPV	Race	Some Other Race	63	31	49.21%	N/A	NR	45.00%	+	Strength	High confidence
IBC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	∅	High confidence
IBC	HPV	Race	Unknown	103	50	48.54%	N/A	NR	32.72%	+	Strength	High confidence
IBC	HPV	Ethnicity	Hispanic or Latino	99	50	50.51%	N/A	NR	50.00%	+	∅	High confidence
IBC	HPV	Ethnicity	Not Hispanic or Latino	627	254	40.51%	N/A	NR	36.03%	+	Strength	High confidence
IBC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	HPV	Ethnicity	Unknown	4	0	N/A	N/A	NR	32.02%	NR	∅	High confidence
IBC	Combination 1	Race	White	324	276	85.19%	N/A	NR	86.43%	–	∅	High confidence
IBC	Combination 1	Race	Black or African American	173	152	87.86%	N/A	NR	82.96%	+	Strength	High confidence
IBC	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 1	Race	Asian	65	61	93.85%	N/A	NR	92.07%	+	∅	High confidence
IBC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 1	Race	Some Other Race	63	58	92.06%	N/A	NR	87.50%	+	Strength	High confidence
IBC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	∅	High confidence
IBC	Combination 1	Race	Unknown	103	87	84.47%	N/A	NR	85.49%	–	∅	High confidence
IBC	Combination 1	Ethnicity	Hispanic or Latino	99	83	83.84%	N/A	NR	86.99%	–	Opportunity	High confidence
IBC	Combination 1	Ethnicity	Not Hispanic or Latino	627	549	87.56%	N/A	NR	87.47%	+	∅	High confidence
IBC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 1	Ethnicity	Unknown	4	4	N/A	N/A	NR	83.89%	NR	∅	High confidence
IBC	Combination 2	Race	White	324	92	28.40%	N/A	NR	32.46%	–	Opportunity	High confidence
IBC	Combination 2	Race	Black or African American	173	85	49.13%	N/A	NR	41.60%	+	Strength	High confidence
IBC	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 2	Race	Asian	65	40	61.54%	N/A	NR	59.66%	+	∅	High confidence
IBC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 2	Race	Some Other Race	63	31	49.21%	N/A	NR	44.00%	+	Strength	High confidence
IBC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
IBC	Combination 2	Race	Unknown	103	49	47.57%	N/A	NR	32.22%	+	Strength	High confidence
IBC	Combination 2	Ethnicity	Hispanic or Latino	99	49	49.49%	N/A	NR	49.58%	n.s.	∅	High confidence
IBC	Combination 2	Ethnicity	Not Hispanic or Latino	627	250	39.87%	N/A	NR	35.51%	+	Strength	High confidence
IBC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 2	Ethnicity	Unknown	4	0	N/A	N/A	NR	31.33%	NR	∅	High confidence
UHC	Meningococcal	Race	White	712	629	88.34%	N/A	NR	87.27%	+	∅	High confidence
UHC	Meningococcal	Race	Black or African American	191	159	83.25%	N/A	NR	83.34%	–	∅	High confidence
UHC	Meningococcal	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Asian	88	82	93.18%	N/A	NR	92.76%	+	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
UHC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
UHC	Meningococcal	Race	Unknown	219	194	88.58%	N/A	NR	86.20%	+	∅	High confidence
UHC	Meningococcal	Ethnicity	Hispanic or Latino	214	187	87.38%	N/A	NR	87.81%	–	∅	High confidence
UHC	Meningococcal	Ethnicity	Not Hispanic or Latino	998	879	88.08%	N/A	NR	88.28%	–	∅	High confidence
UHC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Ethnicity	Unknown	0	0	N/A	N/A	NR	84.57%	NR	∅	High confidence
UHC	Tdap	Race	White	712	640	89.89%	N/A	NR	88.09%	+	∅	High confidence
UHC	Tdap	Race	Black or African American	191	160	83.77%	N/A	NR	84.09%	–	∅	High confidence
UHC	Tdap	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Asian	88	80	90.91%	N/A	NR	92.76%	–	∅	High confidence
UHC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
UHC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	83.63%	NR	∅	High confidence
UHC	Tdap	Race	Unknown	219	194	88.58%	N/A	NR	86.76%	+	∅	High confidence
UHC	Tdap	Ethnicity	Hispanic or Latino	214	188	87.85%	N/A	NR	87.60%	+	∅	High confidence
UHC	Tdap	Ethnicity	Not Hispanic or Latino	998	888	88.98%	N/A	NR	88.86%	+	∅	High confidence
UHC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Ethnicity	Unknown	0	0	N/A	N/A	NR	85.44%	NR	∅	High confidence
UHC	HPV	Race	White	712	250	35.11%	N/A	NR	32.97%	+	∅	High confidence
UHC	HPV	Race	Black or African American	191	79	41.36%	N/A	NR	42.61%	–	∅	High confidence
UHC	HPV	Race	American Indian or Alaska Native	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Asian	88	58	65.91%	N/A	NR	60.35%	+	Strength	High confidence
UHC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	45.00%	NR	∅	High confidence
UHC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	24.34%	NR	∅	High confidence
UHC	HPV	Race	Unknown	219	99	45.21%	N/A	NR	32.72%	+	Strength	High confidence
UHC	HPV	Ethnicity	Hispanic or Latino	214	109	50.93%	N/A	NR	50.00%	+	∅	High confidence
UHC	HPV	Ethnicity	Not Hispanic or Latino	998	378	37.88%	N/A	NR	36.03%	+	∅	High confidence
UHC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Ethnicity	Unknown	0	0	N/A	N/A	NR	32.02%	NR	∅	High confidence
UHC	Combination 1	Race	White	712	626	87.92%	N/A	NR	86.43%	+	∅	High confidence
UHC	Combination 1	Race	Black or African American	191	157	82.20%	N/A	NR	82.96%	–	∅	High confidence
UHC	Combination 1	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 1	Race	Asian	88	80	90.91%	N/A	NR	92.07%	–	∅	High confidence
UHC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	87.50%	NR	∅	High confidence
UHC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	81.86%	NR	∅	High confidence
UHC	Combination 1	Race	Unknown	219	193	88.13%	N/A	NR	85.49%	+	∅	High confidence
UHC	Combination 1	Ethnicity	Hispanic or Latino	214	186	86.92%	N/A	NR	86.99%	–	∅	High confidence
UHC	Combination 1	Ethnicity	Not Hispanic or Latino	998	872	87.37%	N/A	NR	87.47%	–	∅	High confidence
UHC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 1	Ethnicity	Unknown	0	0	N/A	N/A	NR	83.89%	NR	∅	High confidence
UHC	Combination 2	Race	White	712	248	34.83%	N/A	NR	32.46%	+	∅	High confidence
UHC	Combination 2	Race	Black or African American	191	77	40.31%	N/A	NR	41.60%	–	∅	High confidence
UHC	Combination 2	Race	American Indian or Alaska Native	2	1	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 2	Race	Asian	88	57	64.77%	N/A	NR	59.66%	+	Strength	High confidence
UHC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	44.00%	NR	∅	High confidence
UHC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.89%	NR	∅	High confidence
UHC	Combination 2	Race	Unknown	219	99	45.21%	N/A	NR	32.22%	+	Strength	High confidence
UHC	Combination 2	Ethnicity	Hispanic or Latino	214	109	50.93%	N/A	NR	49.58%	+	∅	High confidence
UHC	Combination 2	Ethnicity	Not Hispanic or Latino	998	373	37.37%	N/A	NR	35.51%	+	∅	High confidence
UHC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Combination 2	Ethnicity	Unknown	0	0	N/A	N/A	NR	31.33%	NR	∅	High confidence
UPMC	Meningococcal	Race	White	764	665	87.04%	N/A	NR	87.27%	–	∅	High confidence
UPMC	Meningococcal	Race	Black or African American	99	89	89.90%	N/A	NR	83.34%	+	Strength	High confidence
UPMC	Meningococcal	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Meningococcal	Race	Asian	37	37	100.00%	N/A	NR	92.76%	+	Strength	High confidence
UPMC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence
UPMC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Meningococcal	Race	Asked but No Answer	69	60	86.96%	N/A	NR	83.63%	+	Strength	High confidence
UPMC	Meningococcal	Race	Unknown	565	495	87.61%	N/A	NR	86.20%	+	∅	High confidence
UPMC	Meningococcal	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	87.81%	+	∅	High confidence
UPMC	Meningococcal	Ethnicity	Not Hispanic or Latino	916	805	87.88%	N/A	NR	88.28%	–	∅	High confidence
UPMC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Meningococcal	Ethnicity	Unknown	575	502	87.30%	N/A	NR	84.57%	+	∅	High confidence
UPMC	Tdap	Race	White	764	672	87.96%	N/A	NR	88.09%	–	∅	High confidence
UPMC	Tdap	Race	Black or African American	99	90	90.91%	N/A	NR	84.09%	+	Strength	High confidence
UPMC	Tdap	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Tdap	Race	Asian	37	37	100.00%	N/A	NR	92.76%	+	Strength	High confidence
UPMC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	88.00%	NR	∅	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Tdap	Race	Asked but No Answer	69	61	88.41%	N/A	NR	83.63%	+	Strength	High confidence
UPMC	Tdap	Race	Unknown	565	500	88.50%	N/A	NR	86.76%	+	∅	High confidence
UPMC	Tdap	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	87.60%	+	∅	High confidence
UPMC	Tdap	Ethnicity	Not Hispanic or Latino	916	814	88.86%	N/A	NR	88.86%	n.s.	∅	High confidence
UPMC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Tdap	Ethnicity	Unknown	575	507	88.17%	N/A	NR	85.44%	+	∅	High confidence
UPMC	HPV	Race	White	764	266	34.82%	N/A	NR	32.97%	+	∅	High confidence
UPMC	HPV	Race	Black or African American	99	48	48.48%	N/A	NR	42.61%	+	Strength	High confidence
UPMC	HPV	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	HPV	Race	Asian	37	25	67.57%	N/A	NR	60.35%	+	Strength	High confidence
UPMC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	45.00%	NR	∅	High confidence
UPMC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	HPV	Race	Asked but No Answer	69	25	36.23%	N/A	NR	24.34%	+	Strength	High confidence
UPMC	HPV	Race	Unknown	565	186	32.92%	N/A	NR	32.72%	+	∅	High confidence
UPMC	HPV	Ethnicity	Hispanic or Latino	44	25	56.82%	N/A	NR	50.00%	+	Strength	High confidence
UPMC	HPV	Ethnicity	Not Hispanic or Latino	916	337	36.79%	N/A	NR	36.03%	+	∅	High confidence
UPMC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	HPV	Ethnicity	Unknown	575	188	32.70%	N/A	NR	32.02%	+	∅	High confidence
UPMC	Combination 1	Race	White	764	661	86.52%	N/A	NR	86.43%	+	∅	High confidence
UPMC	Combination 1	Race	Black or African American	99	89	89.90%	N/A	NR	82.96%	+	Strength	High confidence
UPMC	Combination 1	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 1	Race	Asian	37	37	100.00%	N/A	NR	92.07%	+	Strength	High confidence
UPMC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	87.50%	NR	∅	High confidence
UPMC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 1	Race	Asked but No Answer	69	60	86.96%	N/A	NR	81.86%	+	Strength	High confidence
UPMC	Combination 1	Race	Unknown	565	493	87.26%	N/A	NR	85.49%	+	∅	High confidence
UPMC	Combination 1	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	86.99%	+	∅	High confidence
UPMC	Combination 1	Ethnicity	Not Hispanic or Latino	916	801	87.45%	N/A	NR	87.47%	n.s.	∅	High confidence
UPMC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 1	Ethnicity	Unknown	575	500	86.96%	N/A	NR	83.89%	+	Strength	High confidence
UPMC	Combination 2	Race	White	764	260	34.03%	N/A	NR	32.46%	+	∅	High confidence
UPMC	Combination 2	Race	Black or African American	99	47	47.47%	N/A	NR	41.60%	+	Strength	High confidence
UPMC	Combination 2	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 2	Race	Asian	37	25	67.57%	N/A	NR	59.66%	+	Strength	High confidence
UPMC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	44.00%	NR	∅	High confidence
UPMC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Combination 2	Race	Asked but No Answer	69	25	36.23%	N/A	NR	23.89%	+	Strength	High confidence
UPMC	Combination 2	Race	Unknown	565	182	32.21%	N/A	NR	32.22%	n.s.	∅	High confidence
UPMC	Combination 2	Ethnicity	Hispanic or Latino	44	25	56.82%	N/A	NR	49.58%	+	Strength	High confidence
UPMC	Combination 2	Ethnicity	Not Hispanic or Latino	916	330	36.03%	N/A	NR	35.51%	+	∅	High confidence
UPMC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Combination 2	Ethnicity	Unknown	575	184	32.00%	N/A	NR	31.33%	+	∅	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “-” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 33: Metabolic Monitoring for Children and Adolescents on Antipsychotics Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Blood Glucose Testing	ECDS	1-11	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Blood Glucose Testing	ECDS	12-17	14	9	N/A	N/A	NR	71.74%	NR	∅	High confidence
ABH	Blood Glucose Testing	ECDS	Total	16	11	N/A	N/A	NR	67.55%	NR	∅	High confidence
ABH	Cholesterol Testing	ECDS	1-11	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Cholesterol Testing	ECDS	12-17	14	6	N/A	N/A	NR	46.74%	NR	∅	High confidence
ABH	Cholesterol Testing	ECDS	Total	16	8	N/A	N/A	NR	49.01%	NR	∅	High confidence
ABH	Blood Glucose and Cholesterol Testing	ECDS	1-11	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Blood Glucose and Cholesterol Testing	ECDS	12-17	14	6	N/A	N/A	NR	45.65%	NR	∅	High confidence
ABH	Blood Glucose and Cholesterol Testing	ECDS	Total	16	8	N/A	N/A	NR	48.35%	NR	∅	High confidence
CBC	Blood Glucose Testing	ECDS	1-11	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Blood Glucose Testing	ECDS	12-17	16	12	N/A	N/A	NR	71.74%	NR	∅	High confidence
CBC	Blood Glucose Testing	ECDS	Total	17	13	N/A	N/A	NR	67.55%	NR	∅	High confidence
CBC	Cholesterol Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Cholesterol Testing	ECDS	12-17	16	10	N/A	N/A	NR	46.74%	NR	∅	High confidence
CBC	Cholesterol Testing	ECDS	Total	17	10	N/A	N/A	NR	49.01%	NR	∅	High confidence
CBC	Blood Glucose and Cholesterol Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Blood Glucose and Cholesterol Testing	ECDS	12-17	16	9	N/A	N/A	NR	45.65%	NR	∅	High confidence
CBC	Blood Glucose and Cholesterol Testing	ECDS	Total	17	9	N/A	N/A	NR	48.35%	NR	∅	High confidence
GEI	Blood Glucose Testing	ECDS	1-11	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Blood Glucose Testing	ECDS	12-17	28	21	N/A	N/A	NR	71.74%	NR	∅	High confidence
GEI	Blood Glucose Testing	ECDS	Total	33	22	66.67%	N/A	NR	67.55%	–	∅	High confidence
GEI	Cholesterol Testing	ECDS	1-11	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Cholesterol Testing	ECDS	12-17	28	19	N/A	N/A	NR	46.74%	NR	∅	High confidence
GEI	Cholesterol Testing	ECDS	Total	33	20	60.61%	N/A	NR	49.01%	+	Strength	High confidence
GEI	Blood Glucose and Cholesterol Testing	ECDS	1-11	5	1	N/A	N/A	NR	N/A	NR	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Blood Glucose and Cholesterol Testing	ECDS	12-17	28	19	N/A	N/A	NR	45.65%	NR	Ø	High confidence
GEI	Blood Glucose and Cholesterol Testing	ECDS	Total	33	20	60.61%	N/A	NR	48.35%	+	Strength	High confidence
HPP	Blood Glucose Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Blood Glucose Testing	ECDS	12-17	3	3	N/A	N/A	NR	71.74%	NR	Ø	High confidence
HPP	Blood Glucose Testing	ECDS	Total	4	3	N/A	N/A	NR	67.55%	NR	Ø	High confidence
HPP	Cholesterol Testing	ECDS	1-11	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Cholesterol Testing	ECDS	12-17	3	1	N/A	N/A	NR	46.74%	NR	Ø	High confidence
HPP	Cholesterol Testing	ECDS	Total	4	2	N/A	N/A	NR	49.01%	NR	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	ECDS	12-17	3	1	N/A	N/A	NR	45.65%	NR	Ø	High confidence
HPP	Blood Glucose and Cholesterol Testing	ECDS	Total	4	1	N/A	N/A	NR	48.35%	NR	Ø	High confidence
HHK	Blood Glucose Testing	ECDS	1-11	6	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Blood Glucose Testing	ECDS	12-17	35	23	65.71%	N/A	NR	71.74%	–	Opportunity	High confidence
HHK	Blood Glucose Testing	ECDS	Total	41	24	58.54%	N/A	NR	67.55%	–	Opportunity	High confidence
HHK	Cholesterol Testing	ECDS	1-11	6	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Cholesterol Testing	ECDS	12-17	35	12	34.29%	N/A	NR	46.74%	–	Opportunity	High confidence
HHK	Cholesterol Testing	ECDS	Total	41	12	29.27%	N/A	NR	49.01%	–	Opportunity	High confidence
HHK	Blood Glucose and Cholesterol Testing	ECDS	1-11	6	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Blood Glucose and Cholesterol Testing	ECDS	12-17	35	12	34.29%	N/A	NR	45.65%	–	Opportunity	High confidence
HHK	Blood Glucose and Cholesterol Testing	ECDS	Total	41	12	29.27%	N/A	NR	48.35%	–	Opportunity	High confidence
IBC	Blood Glucose Testing	ECDS	1-11	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Blood Glucose Testing	ECDS	12-17	16	7	N/A	N/A	NR	71.74%	NR	Ø	High confidence
IBC	Blood Glucose Testing	ECDS	Total	16	7	N/A	N/A	NR	67.55%	NR	Ø	High confidence
IBC	Cholesterol Testing	ECDS	1-11	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Cholesterol Testing	ECDS	12-17	16	2	N/A	N/A	NR	46.74%	NR	Ø	High confidence
IBC	Cholesterol Testing	ECDS	Total	16	2	N/A	N/A	NR	49.01%	NR	Ø	High confidence
IBC	Blood Glucose and Cholesterol Testing	ECDS	1-11	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Blood Glucose and Cholesterol Testing	ECDS	12-17	16	2	N/A	N/A	NR	45.65%	NR	Ø	High confidence
IBC	Blood Glucose and Cholesterol Testing	ECDS	Total	16	2	N/A	N/A	NR	48.35%	NR	Ø	High confidence
UHC	Blood Glucose Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Blood Glucose Testing	ECDS	12-17	14	12	N/A	N/A	NR	71.74%	NR	Ø	High confidence
UHC	Blood Glucose Testing	ECDS	Total	15	12	N/A	N/A	NR	67.55%	NR	Ø	High confidence
UHC	Cholesterol Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Cholesterol Testing	ECDS	12-17	14	7	N/A	N/A	NR	46.74%	NR	Ø	High confidence
UHC	Cholesterol Testing	ECDS	Total	15	7	N/A	N/A	NR	49.01%	NR	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	ECDS	1-11	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	ECDS	12-17	14	7	N/A	N/A	NR	45.65%	NR	Ø	High confidence
UHC	Blood Glucose and Cholesterol Testing	ECDS	Total	15	7	N/A	N/A	NR	48.35%	NR	Ø	High confidence
UPMC	Blood Glucose Testing	ECDS	1-11	20	13	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Blood Glucose Testing	ECDS	12-17	57	43	75.44%	N/A	NR	71.74%	+	Strength	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Blood Glucose Testing	ECDS	Total	77	56	72.73%	N/A	NR	67.55%	+	Strength	High confidence
UPMC	Cholesterol Testing	ECDS	1-11	20	11	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Cholesterol Testing	ECDS	12-17	57	31	54.39%	N/A	NR	46.74%	+	Strength	High confidence
UPMC	Cholesterol Testing	ECDS	Total	77	42	54.55%	N/A	NR	49.01%	+	Strength	High confidence
UPMC	Blood Glucose and Cholesterol Testing	ECDS	1-11	20	11	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Blood Glucose and Cholesterol Testing	ECDS	12-17	57	30	52.63%	N/A	NR	45.65%	+	Strength	High confidence
UPMC	Blood Glucose and Cholesterol Testing	ECDS	Total	77	41	53.25%	N/A	NR	48.35%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 34: Social Need Screening and Intervention Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Food Screening	ECDS	0-17	9,153	0	0.00%	N/A	NR	0.06%	–	∅	High confidence
ABH	Food Screening	ECDS	18-19	43	0	0.00%	N/A	NR	1.71%	–	∅	High confidence
ABH	Food Screening	ECDS	Total	9,196	0	0.00%	N/A	NR	0.07%	–	∅	High confidence
ABH	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Housing Screening	ECDS	0-17	9,153	0	0.00%	N/A	NR	0.03%	–	∅	High confidence
ABH	Housing Screening	ECDS	18-19	43	0	0.00%	N/A	NR	1.71%	–	∅	High confidence
ABH	Housing Screening	ECDS	Total	9,196	0	0.00%	N/A	NR	0.04%	–	∅	High confidence
ABH	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Transportation Screening	ECDS	0-17	9,153	0	0.00%	N/A	NR	0.01%	–	∅	High confidence
ABH	Transportation Screening	ECDS	18-19	43	0	0.00%	N/A	NR	0.00%	NR	∅	High confidence
ABH	Transportation Screening	ECDS	Total	9,196	0	0.00%	N/A	NR	0.01%	–	∅	High confidence
ABH	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Food Screening	ECDS	0-17	6,682	0	0.00%	N/A	NR	0.06%	–	∅	High confidence
CBC	Food Screening	ECDS	18-19	37	0	0.00%	N/A	NR	1.71%	–	∅	High confidence
CBC	Food Screening	ECDS	Total	6,719	0	0.00%	N/A	NR	0.07%	–	∅	High confidence
CBC	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Housing Screening	ECDS	0-17	6,682	0	0.00%	N/A	NR	0.03%	–	Ø	High confidence
CBC	Housing Screening	ECDS	18-19	37	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
CBC	Housing Screening	ECDS	Total	6,719	0	0.00%	N/A	NR	0.04%	–	Ø	High confidence
CBC	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Transportation Screening	ECDS	0-17	6,682	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
CBC	Transportation Screening	ECDS	18-19	37	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
CBC	Transportation Screening	ECDS	Total	6,719	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
CBC	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Food Screening	ECDS	0-17	8,267	37	0.45%	N/A	NR	0.06%	+	Ø	High confidence
GEI	Food Screening	ECDS	18-19	43	9	20.93%	N/A	NR	1.71%	+	Strength	High confidence
GEI	Food Screening	ECDS	Total	8,310	46	0.55%	N/A	NR	0.07%	+	Ø	High confidence
GEI	Food Intervention	ECDS	0-17	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Food Intervention	ECDS	Total	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Housing Screening	ECDS	0-17	8,267	18	0.22%	N/A	NR	0.03%	+	Ø	High confidence
GEI	Housing Screening	ECDS	18-19	43	9	20.93%	N/A	NR	1.71%	+	Strength	High confidence
GEI	Housing Screening	ECDS	Total	8,310	27	0.32%	N/A	NR	0.04%	+	Ø	High confidence
GEI	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Transportation Screening	ECDS	0-17	8,267	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
GEI	Transportation Screening	ECDS	18-19	43	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
GEI	Transportation Screening	ECDS	Total	8,310	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
GEI	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Food Screening	ECDS	0-17	4,967	0	0.00%	N/A	NR	0.06%	–	Ø	High confidence
HPP	Food Screening	ECDS	18-19	68	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
HPP	Food Screening	ECDS	Total	5,035	0	0.00%	N/A	NR	0.07%	–	Ø	High confidence
HPP	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Housing Screening	ECDS	0-17	4,967	0	0.00%	N/A	NR	0.03%	–	Ø	High confidence
HPP	Housing Screening	ECDS	18-19	68	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
HPP	Housing Screening	ECDS	Total	5,035	0	0.00%	N/A	NR	0.04%	–	Ø	High confidence
HPP	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Transportation Screening	ECDS	0-17	4,967	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
HPP	Transportation Screening	ECDS	18-19	68	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
HPP	Transportation Screening	ECDS	Total	5,035	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
HPP	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Food Screening	ECDS	0-17	10,081	0	0.00%	N/A	NR	0.06%	–	Ø	High confidence
HHK	Food Screening	ECDS	18-19	97	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
HHK	Food Screening	ECDS	Total	10,178	0	0.00%	N/A	NR	0.07%	–	Ø	High confidence
HHK	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Housing Screening	ECDS	0-17	10,081	0	0.00%	N/A	NR	0.03%	–	Ø	High confidence
HHK	Housing Screening	ECDS	18-19	97	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
HHK	Housing Screening	ECDS	Total	10,178	0	0.00%	N/A	NR	0.04%	–	Ø	High confidence
HHK	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Transportation Screening	ECDS	0-17	10,081	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
HHK	Transportation Screening	ECDS	18-19	97	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
HHK	Transportation Screening	ECDS	Total	10,178	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
HHK	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Food Screening	ECDS	0-17	7,703	0	0.00%	N/A	NR	0.06%	–	Ø	High confidence
IBC	Food Screening	ECDS	18-19	60	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
IBC	Food Screening	ECDS	Total	7,763	0	0.00%	N/A	NR	0.07%	–	Ø	High confidence
IBC	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Housing Screening	ECDS	0-17	7,703	0	0.00%	N/A	NR	0.03%	–	Ø	High confidence
IBC	Housing Screening	ECDS	18-19	60	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
IBC	Housing Screening	ECDS	Total	7,763	0	0.00%	N/A	NR	0.04%	–	Ø	High confidence
IBC	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Transportation Screening	ECDS	0-17	7,703	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
IBC	Transportation Screening	ECDS	18-19	60	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Transportation Screening	ECDS	Total	7,763	0	0.00%	N/A	NR	0.01%	–	Ø	High confidence
IBC	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Food Screening	ECDS	0-17	12,790	5	0.04%	N/A	NR	0.06%	–	Ø	High confidence
UHC	Food Screening	ECDS	18-19	57	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
UHC	Food Screening	ECDS	Total	12,847	5	0.04%	N/A	NR	0.07%	–	Ø	High confidence
UHC	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Housing Screening	ECDS	0-17	12,790	1	0.01%	N/A	NR	0.03%	–	Ø	High confidence
UHC	Housing Screening	ECDS	18-19	57	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
UHC	Housing Screening	ECDS	Total	12,847	1	0.01%	N/A	NR	0.04%	–	Ø	High confidence
UHC	Housing Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Housing Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Transportation Screening	ECDS	0-17	12,790	5	0.04%	N/A	NR	0.01%	+	Ø	High confidence
UHC	Transportation Screening	ECDS	18-19	57	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
UHC	Transportation Screening	ECDS	Total	12,847	5	0.04%	N/A	NR	0.01%	+	Ø	High confidence
UHC	Transportation Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Transportation Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Food Screening	ECDS	0-17	22,194	5	0.02%	N/A	NR	0.06%	–	Ø	High confidence
UPMC	Food Screening	ECDS	18-19	121	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
UPMC	Food Screening	ECDS	Total	22,315	5	0.02%	N/A	NR	0.07%	–	Ø	High confidence
UPMC	Food Intervention	ECDS	0-17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Food Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Food Intervention	ECDS	Total	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Housing Screening	ECDS	0-17	22,194	3	0.01%	N/A	NR	0.03%	–	Ø	High confidence
UPMC	Housing Screening	ECDS	18-19	121	0	0.00%	N/A	NR	1.71%	–	Ø	High confidence
UPMC	Housing Screening	ECDS	Total	22,315	3	0.01%	N/A	NR	0.04%	–	Ø	High confidence
UPMC	Housing Intervention	ECDS	0-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Housing Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Housing Intervention	ECDS	Total	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Transportation Screening	ECDS	0-17	22,194	3	0.01%	N/A	NR	0.01%	n.s.	Ø	High confidence
UPMC	Transportation Screening	ECDS	18-19	121	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
UPMC	Transportation Screening	ECDS	Total	22,315	3	0.01%	N/A	NR	0.01%	n.s.	Ø	High confidence
UPMC	Transportation Intervention	ECDS	0-17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Transportation Intervention	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Transportation Intervention	ECDS	Total	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 35: Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Utilization of PHQ-9 - Period 1	ECDS	12-17	72	0	0.00%	N/A	NR	4.89%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Period 1	ECDS	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Utilization of PHQ-9 - Period 1	ECDS	Total	73	0	0.00%	N/A	NR	4.78%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Period 2	ECDS	12-17	75	1	1.33%	N/A	+	4.29%	–	Ø	High confidence
ABH	Utilization of PHQ-9 - Period 2	ECDS	18-19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Utilization of PHQ-9 - Period 2	ECDS	Total	76	1	1.32%	N/A	+	4.32%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Period 3	ECDS	12-17	76	0	0.00%	N/A	NR	3.48%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Period 3	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Utilization of PHQ-9 - Period 3	ECDS	Total	76	0	0.00%	N/A	NR	3.42%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Total	ECDS	12-17	223	1	0.45%	N/A	+	4.16%	–	Opportunity	High confidence
ABH	Utilization of PHQ-9 - Total	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Utilization of PHQ-9 - Total	ECDS	Total	225	1	0.44%	N/A	+	4.11%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 1	ECDS	12-17	129	0	0.00%	N/A	NR	4.89%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 1	ECDS	18-19	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Utilization of PHQ-9 - Period 1	ECDS	Total	132	0	0.00%	N/A	NR	4.78%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 2	ECDS	12-17	127	0	0.00%	N/A	NR	4.29%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 2	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Utilization of PHQ-9 - Period 2	ECDS	Total	129	0	0.00%	N/A	NR	4.32%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 3	ECDS	12-17	115	0	0.00%	N/A	NR	3.48%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Period 3	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Utilization of PHQ-9 - Period 3	ECDS	Total	117	0	0.00%	N/A	NR	3.42%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Total	ECDS	12-17	371	0	0.00%	N/A	NR	4.16%	–	Opportunity	High confidence
CBC	Utilization of PHQ-9 - Total	ECDS	18-19	7	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Utilization of PHQ-9 - Total	ECDS	Total	378	0	0.00%	N/A	NR	4.11%	–	Opportunity	High confidence
GEI	Utilization of PHQ-9 - Period 1	ECDS	12-17	126	14	11.11%	N/A	–	4.89%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Period 1	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Utilization of PHQ-9 - Period 1	ECDS	Total	126	14	11.11%	N/A	–	4.78%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Period 2	ECDS	12-17	136	22	16.18%	N/A	+	4.29%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Period 2	ECDS	18-19	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Utilization of PHQ-9 - Period 2	ECDS	Total	138	23	16.67%	N/A	+	4.32%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Period 3	ECDS	12-17	124	17	13.71%	N/A	+	3.48%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Period 3	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Utilization of PHQ-9 - Period 3	ECDS	Total	126	17	13.49%	N/A	+	3.42%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Total	ECDS	12-17	386	53	13.73%	N/A	+	4.16%	+	Strength	High confidence
GEI	Utilization of PHQ-9 - Total	ECDS	18-19	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Utilization of PHQ-9 - Total	ECDS	Total	390	54	13.85%	N/A	+	4.11%	+	Strength	High confidence
HPP	Utilization of PHQ-9 - Period 1	ECDS	12-17	31	0	0.00%	N/A	NR	4.89%	–	Opportunity	High confidence
HPP	Utilization of PHQ-9 - Period 1	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 1	ECDS	Total	33	0	0.00%	N/A	NR	4.78%	–	Opportunity	High confidence
HPP	Utilization of PHQ-9 - Period 2	ECDS	12-17	26	0	N/A	N/A	NR	4.29%	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 2	ECDS	18-19	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 2	ECDS	Total	27	0	N/A	N/A	NR	4.32%	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 3	ECDS	12-17	20	0	N/A	N/A	NR	3.48%	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 3	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Period 3	ECDS	Total	20	0	N/A	N/A	NR	3.42%	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Total	ECDS	12-17	77	0	0.00%	N/A	NR	4.16%	–	Opportunity	High confidence
HPP	Utilization of PHQ-9 - Total	ECDS	18-19	3	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Utilization of PHQ-9 - Total	ECDS	Total	80	0	0.00%	N/A	NR	4.11%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 1	ECDS	12-17	183	0	0.00%	N/A	NR	4.89%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 1	ECDS	18-19	8	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Utilization of PHQ-9 - Period 1	ECDS	Total	191	0	0.00%	N/A	NR	4.78%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 2	ECDS	12-17	188	0	0.00%	N/A	NR	4.29%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 2	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Utilization of PHQ-9 - Period 2	ECDS	Total	190	0	0.00%	N/A	NR	4.32%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 3	ECDS	12-17	193	0	0.00%	N/A	NR	3.48%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Period 3	ECDS	18-19	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Utilization of PHQ-9 - Period 3	ECDS	Total	197	0	0.00%	N/A	NR	3.42%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Total	ECDS	12-17	564	0	0.00%	N/A	NR	4.16%	–	Opportunity	High confidence
HHK	Utilization of PHQ-9 - Total	ECDS	18-19	14	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Utilization of PHQ-9 - Total	ECDS	Total	578	0	0.00%	N/A	NR	4.11%	–	Opportunity	High confidence
IBC	Utilization of PHQ-9 - Period 1	ECDS	12-17	68	2	2.94%	N/A	NR	4.89%	–	∅	High confidence
IBC	Utilization of PHQ-9 - Period 1	ECDS	18-19	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Utilization of PHQ-9 - Period 1	ECDS	Total	72	2	2.78%	N/A	NR	4.78%	–	∅	High confidence
IBC	Utilization of PHQ-9 - Period 2	ECDS	12-17	70	0	0.00%	N/A	NR	4.29%	–	Opportunity	High confidence
IBC	Utilization of PHQ-9 - Period 2	ECDS	18-19	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Utilization of PHQ-9 - Period 2	ECDS	Total	70	0	0.00%	N/A	NR	4.32%	–	Opportunity	High confidence
IBC	Utilization of PHQ-9 - Period 3	ECDS	12-17	77	1	1.30%	N/A	NR	3.48%	–	∅	High confidence
IBC	Utilization of PHQ-9 - Period 3	ECDS	18-19	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Utilization of PHQ-9 - Period 3	ECDS	Total	78	1	1.28%	N/A	NR	3.42%	–	∅	High confidence
IBC	Utilization of PHQ-9 - Total	ECDS	12-17	215	3	1.40%	N/A	NR	4.16%	–	∅	High confidence
IBC	Utilization of PHQ-9 - Total	ECDS	18-19	5	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Utilization of PHQ-9 - Total	ECDS	Total	220	3	1.36%	N/A	NR	4.11%	–	∅	High confidence
UHC	Utilization of PHQ-9 - Period 1	ECDS	12-17	138	1	0.72%	N/A	+	4.89%	–	Opportunity	High confidence
UHC	Utilization of PHQ-9 - Period 1	ECDS	18-19	4	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Utilization of PHQ-9 - Period 1	ECDS	Total	142	1	0.70%	N/A	+	4.78%	–	Opportunity	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Utilization of PHQ-9 - Period 2	ECDS	12-17	130	2	1.54%	N/A	+	4.29%	–	Ø	High confidence
UHC	Utilization of PHQ-9 - Period 2	ECDS	18-19	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Utilization of PHQ-9 - Period 2	ECDS	Total	132	2	1.52%	N/A	+	4.32%	–	Ø	High confidence
UHC	Utilization of PHQ-9 - Period 3	ECDS	12-17	132	2	1.52%	N/A	–	3.48%	–	Ø	High confidence
UHC	Utilization of PHQ-9 - Period 3	ECDS	18-19	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Utilization of PHQ-9 - Period 3	ECDS	Total	135	2	1.48%	N/A	–	3.42%	–	Ø	High confidence
UHC	Utilization of PHQ-9 - Total	ECDS	12-17	400	5	1.25%	N/A	–	4.16%	–	Ø	High confidence
UHC	Utilization of PHQ-9 - Total	ECDS	18-19	9	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Utilization of PHQ-9 - Total	ECDS	Total	409	5	1.22%	N/A	–	4.11%	–	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 1	ECDS	12-17	372	37	9.95%	N/A	+	4.89%	+	Strength	High confidence
UPMC	Utilization of PHQ-9 - Period 1	ECDS	18-19	5	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 1	ECDS	Total	377	37	9.81%	N/A	+	4.78%	+	Strength	High confidence
UPMC	Utilization of PHQ-9 - Period 2	ECDS	12-17	386	22	5.70%	N/A	–	4.29%	+	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 2	ECDS	18-19	6	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 2	ECDS	Total	392	22	5.61%	N/A	–	4.32%	+	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 3	ECDS	12-17	382	18	4.71%	N/A	–	3.48%	+	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 3	ECDS	18-19	5	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Utilization of PHQ-9 - Period 3	ECDS	Total	387	18	4.65%	N/A	–	3.42%	+	Ø	High confidence
UPMC	Utilization of PHQ-9 - Total	ECDS	12-17	1,140	77	6.75%	N/A	+	4.16%	+	Ø	High confidence
UPMC	Utilization of PHQ-9 - Total	ECDS	18-19	16	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Utilization of PHQ-9 - Total	ECDS	Total	1,156	77	6.66%	N/A	n.s.	4.11%	+	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ECDS: electronic clinical data systems; PHQ: Patient Health Questionnaire; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

### Maternal and Perinatal Health

The measures in the Maternal and Perinatal Health category are listed in **Table 36**, followed by the measure data in **Tables 37–38**.

**Table 36: Maternal and Perinatal Health Measure Descriptions**

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
OPA	Contraceptive Care – All Women	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of women ages 15–44 years at risk of unintended pregnancy who were provided a most effective/moderately effective contraception method or a long-acting reversible contraception (LARC).	Rate 1: Provision of most or moderately effective contraception. Rate 2: Provision of LARC.	Ages 15–20 years
OPA	Contraceptive Care – Postpartum Women	✓	Measure is calculated by the MCO and	This measure assesses the percentage of women ages 15–44 years who had a live birth and were provided a most effective/moderately	Rate 1: Most or moderately effective contraception – 3 days Rate 2: Most or moderately effective contraception – 60 days Rate 3: LARC – 3 days	Ages 15–20 years

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
			validated by IPRO	effective contraception method or a LARC within 3 days and within 60 days of delivery.	Rate 4: LARC – 60 days.	

OPA: U.S. Office of Population Affairs; CMS: Centers for Medicare and Medicaid Services; MCO: managed care organization.

Table 37: Contraceptive Care – All Women Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Most or moderately effective contraception	Administrative	15	334	17	5.09%	7.56%	–	10.74%	–	Opportunity	High confidence
ABH	Most or moderately effective contraception	Administrative	16	342	51	14.91%	14.07%	+	18.61%	–	Opportunity	High confidence
ABH	Most or moderately effective contraception	Administrative	17	297	54	18.18%	19.08%	–	26.20%	–	Opportunity	High confidence
ABH	Most or moderately effective contraception	Administrative	18	260	72	27.69%	28.07%	–	32.43%	–	Opportunity	High confidence
ABH	Most or moderately effective contraception	Administrative	19	28	8	N/A	22.50%	NR	42.16%	NR	Ø	High confidence
ABH	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
ABH	Most or moderately effective contraception	Administrative	15-20	1,261	202	16.02%	17.13%	–	21.67%	–	Opportunity	High confidence
ABH	LARC	Administrative	15	334	0	0.00%	0.21%	–	0.64%	–	Ø	High confidence
ABH	LARC	Administrative	16	342	3	0.88%	1.71%	–	1.51%	–	Ø	High confidence
ABH	LARC	Administrative	17	297	1	0.34%	2.31%	–	1.70%	–	Ø	High confidence
ABH	LARC	Administrative	18	260	5	1.92%	2.36%	–	3.22%	–	Ø	High confidence
ABH	LARC	Administrative	19	28	1	N/A	3.75%	NR	6.49%	NR	Ø	High confidence
ABH	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
ABH	LARC	Administrative	15-20	1,261	10	0.79%	1.71%	–	1.74%	–	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	15	280	34	12.14%	11.60%	+	10.74%	+	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	16	257	43	16.73%	24.86%	–	18.61%	–	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	17	279	76	27.24%	28.49%	–	26.20%	+	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	18	199	73	36.68%	38.32%	–	32.43%	+	Strength	High confidence
CBC	Most or moderately effective contraception	Administrative	19	23	11	47.83%	40.00%	NR	42.16%	NR	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
CBC	Most or moderately effective contraception	Administrative	15-20	1,038	237	22.83%	25.80%	–	21.67%	+	Ø	High confidence
CBC	LARC	Administrative	15	280	1	0.36%	1.10%	–	0.64%	–	Ø	High confidence
CBC	LARC	Administrative	16	257	1	0.39%	1.68%	–	1.51%	–	Ø	High confidence
CBC	LARC	Administrative	17	279	4	1.43%	0.81%	+	1.70%	–	Ø	High confidence
CBC	LARC	Administrative	18	199	6	3.02%	2.40%	+	3.22%	–	Ø	High confidence
CBC	LARC	Administrative	19	23	1	N/A	5.00%	NR	6.49%	NR	Ø	High confidence
CBC	LARC	Administrative	20	0	0	0.00%	N/A	NR	0.00%	NR	Ø	High confidence
CBC	LARC	Administrative	15-20	1,038	13	1.25%	1.52%	–	1.74%	–	Ø	High confidence
GEI	Most or moderately effective contraception	Administrative	15	283	31	10.95%	14.06%	–	10.74%	+	Ø	High confidence
GEI	Most or moderately effective contraception	Administrative	16	271	52	19.19%	23.60%	–	18.61%	+	Ø	High confidence
GEI	Most or moderately effective contraception	Administrative	17	284	89	31.34%	33.88%	–	26.20%	+	Strength	High confidence
GEI	Most or moderately effective contraception	Administrative	18	208	77	37.02%	40.53%	–	32.43%	+	Strength	High confidence
GEI	Most or moderately effective contraception	Administrative	19	21	9	N/A	57.14%	NR	42.16%	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
GEI	Most or moderately effective contraception	Administrative	15-20	1,067	258	24.18%	28.07%	–	21.67%	+	Ø	High confidence
GEI	LARC	Administrative	15	283	1	0.35%	1.56%	–	0.64%	–	Ø	High confidence
GEI	LARC	Administrative	16	271	7	2.58%	3.11%	–	1.51%	+	Ø	High confidence
GEI	LARC	Administrative	17	284	6	2.11%	1.97%	+	1.70%	+	Ø	High confidence
GEI	LARC	Administrative	18	208	8	3.85%	3.99%	–	3.22%	+	Ø	High confidence
GEI	LARC	Administrative	19	21	0	N/A	N/A	NR	6.49%	NR	Ø	High confidence
GEI	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
GEI	LARC	Administrative	15-20	1,067	22	2.06%	2.62%	–	1.74%	+	Ø	High confidence
HPP	Most or moderately effective contraception	Administrative	15	171	6	3.51%	6.50%	–	10.74%	–	Opportunity	High confidence
HPP	Most or moderately effective contraception	Administrative	16	199	25	12.56%	11.20%	+	18.61%	–	Opportunity	High confidence
HPP	Most or moderately effective contraception	Administrative	17	177	22	12.43%	14.65%	–	26.20%	–	Opportunity	High confidence
HPP	Most or moderately effective contraception	Administrative	18	156	42	26.92%	23.97%	+	32.43%	–	Opportunity	High confidence
HPP	Most or moderately effective contraception	Administrative	19	31	12	38.71%	8.70%	NR	42.16%	–	Opportunity	High confidence
HPP	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
HPP	Most or moderately effective contraception	Administrative	15-20	734	107	14.58%	13.73%	+	21.67%	–	Opportunity	High confidence
HPP	LARC	Administrative	15	171	0	0.00%	0.36%	–	0.64%	–	Ø	High confidence
HPP	LARC	Administrative	16	199	2	1.01%	0.83%	+	1.51%	–	Ø	High confidence
HPP	LARC	Administrative	17	177	2	1.13%	N/A	NR	1.70%	–	Ø	High confidence
HPP	LARC	Administrative	18	156	3	1.92%	1.65%	+	3.22%	–	Ø	High confidence
HPP	LARC	Administrative	19	31	1	3.23%	N/A	NR	6.49%	–	Opportunity	High confidence
HPP	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
HPP	LARC	Administrative	15-20	734	8	1.09%	0.66%	+	1.74%	–	Ø	High confidence
HHK	Most or moderately effective contraception	Administrative	15	438	66	15.07%	14.60%	+	10.74%	+	Strength	High confidence
HHK	Most or moderately effective contraception	Administrative	16	439	105	23.92%	23.20%	+	18.61%	+	Strength	High confidence
HHK	Most or moderately effective contraception	Administrative	17	394	128	32.49%	34.74%	–	26.20%	+	Strength	High confidence
HHK	Most or moderately effective contraception	Administrative	18	332	131	39.46%	38.64%	+	32.43%	+	Strength	High confidence
HHK	Most or moderately effective contraception	Administrative	19	56	22	39.29%	48.78%	–	42.16%	–	Ø	High confidence
HHK	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
HHK	Most or moderately effective contraception	Administrative	15-20	1,659	452	27.25%	28.02%	–	21.67%	+	Strength	High confidence
HHK	LARC	Administrative	15	438	6	1.37%	0.51%	+	0.64%	+	Ø	High confidence
HHK	LARC	Administrative	16	439	10	2.28%	0.53%	+	1.51%	+	Ø	High confidence
HHK	LARC	Administrative	17	394	11	2.79%	2.70%	+	1.70%	+	Ø	High confidence
HHK	LARC	Administrative	18	332	10	3.01%	2.75%	+	3.22%	–	Ø	High confidence
HHK	LARC	Administrative	19	56	2	3.57%	4.88%	–	6.49%	–	Ø	High confidence
HHK	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
HHK	LARC	Administrative	15-20	1,659	39	2.35%	1.67%	+	1.74%	+	Ø	High confidence
IBC	Most or moderately effective contraception	Administrative	15	339	27	7.96%	7.77%	+	10.74%	–	Ø	High confidence
IBC	Most or moderately effective contraception	Administrative	16	346	44	12.72%	11.65%	+	18.61%	–	Opportunity	High confidence
IBC	Most or moderately effective contraception	Administrative	17	347	59	17.00%	20.24%	–	26.20%	–	Opportunity	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Most or moderately effective contraception	Administrative	18	264	52	19.70%	24.12%	–	32.43%	–	Opportunity	High confidence
IBC	Most or moderately effective contraception	Administrative	19	29	8	N/A	31.82%	NR	42.16%	NR	Ø	High confidence
IBC	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
IBC	Most or moderately effective contraception	Administrative	15-20	1,325	190	14.34%	16.13%	–	21.67%	–	Opportunity	High confidence
IBC	LARC	Administrative	15	339	0	0.00%	0.41%	–	0.64%	–	Ø	High confidence
IBC	LARC	Administrative	16	346	2	0.58%	0.58%	n.s.	1.51%	–	Ø	High confidence
IBC	LARC	Administrative	17	347	3	0.86%	0.39%	+	1.70%	–	Ø	High confidence
IBC	LARC	Administrative	18	264	6	2.27%	1.11%	+	3.22%	–	Ø	High confidence
IBC	LARC	Administrative	19	29	0	N/A	2.27%	NR	6.49%	NR	Ø	High confidence
IBC	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
IBC	LARC	Administrative	15-20	1,325	11	0.83%	0.65%	+	1.74%	–	Ø	High confidence
UHC	Most or moderately effective contraception	Administrative	15	497	43	8.65%	11.25%	–	10.74%	–	Ø	High confidence
UHC	Most or moderately effective contraception	Administrative	16	461	70	15.18%	16.76%	–	18.61%	–	Opportunity	High confidence
UHC	Most or moderately effective contraception	Administrative	17	508	111	21.85%	22.32%	–	26.20%	–	Opportunity	High confidence
UHC	Most or moderately effective contraception	Administrative	18	342	102	29.82%	31.43%	–	32.43%	–	Ø	High confidence
UHC	Most or moderately effective contraception	Administrative	19	32	12	37.50%	44.44%	–	42.16%	–	Opportunity	High confidence
UHC	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
UHC	Most or moderately effective contraception	Administrative	15-20	1,840	338	18.37%	20.65%	–	21.67%	–	Opportunity	High confidence
UHC	LARC	Administrative	15	497	2	0.40%	1.06%	–	0.64%	–	Ø	High confidence
UHC	LARC	Administrative	16	461	9	1.95%	1.26%	+	1.51%	+	Ø	High confidence
UHC	LARC	Administrative	17	508	5	0.98%	1.47%	–	1.70%	–	Ø	High confidence
UHC	LARC	Administrative	18	342	16	4.68%	2.62%	+	3.22%	+	Ø	High confidence
UHC	LARC	Administrative	19	32	2	6.25%	N/A	NR	6.49%	–	Ø	High confidence
UHC	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
UHC	LARC	Administrative	15-20	1,840	34	1.85%	1.57%	+	1.74%	+	Ø	High confidence
UPMC	Most or moderately effective contraception	Administrative	15	767	110	14.34%	14.17%	+	10.74%	+	Strength	High confidence
UPMC	Most or moderately effective contraception	Administrative	16	796	189	23.74%	26.09%	–	18.61%	+	Strength	High confidence
UPMC	Most or moderately effective contraception	Administrative	17	722	249	34.49%	31.50%	+	26.20%	+	Strength	High confidence
UPMC	Most or moderately effective contraception	Administrative	18	536	196	36.57%	40.60%	–	32.43%	+	Strength	High confidence
UPMC	Most or moderately effective contraception	Administrative	19	66	32	48.48%	36.17%	+	42.16%	+	Strength	High confidence
UPMC	Most or moderately effective contraception	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
UPMC	Most or moderately effective contraception	Administrative	15-20	2,887	776	26.88%	27.92%	–	21.67%	+	Strength	High confidence
UPMC	LARC	Administrative	15	767	10	1.30%	0.79%	+	0.64%	+	Ø	High confidence
UPMC	LARC	Administrative	16	796	13	1.63%	1.76%	–	1.51%	+	Ø	High confidence
UPMC	LARC	Administrative	17	722	19	2.63%	2.69%	–	1.70%	+	Ø	High confidence
UPMC	LARC	Administrative	18	536	20	3.73%	3.23%	+	3.22%	+	Ø	High confidence
UPMC	LARC	Administrative	19	66	7	10.61%	4.26%	+	6.49%	+	Strength	High confidence
UPMC	LARC	Administrative	20	0	0	N/A	N/A	NR	0.00%	NR	Ø	High confidence
UPMC	LARC	Administrative	15-20	2,887	69	2.39%	2.12%	+	1.74%	+	Ø	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

LARC: long-acting reversible contraception; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 38: Contraceptive Care – Postpartum Women Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 3 days	Administrative	15-20	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Most or moderately effective contraception 90 days	Administrative	15-20	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 3 days	Administrative	15-20	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	17	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	LARC 90 days	Administrative	15-20	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 3 days	Administrative	15-20	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Most or moderately effective contraception 90 days	Administrative	15-20	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 3 days	Administrative	15-20	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	LARC 90 days	Administrative	15-20	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 3 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Most or moderately effective contraception 90 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 3 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	LARC 90 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 3 days	Administrative	15-20	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Most or moderately effective contraception 90 days	Administrative	15-20	2	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 3 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	18	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	LARC 90 days	Administrative	15-20	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Most or moderately effective contraception 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 3 days	Administrative	15-20	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Most or moderately effective contraception 90 days	Administrative	15-20	3	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 3 days	Administrative	15-20	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	LARC 90 days	Administrative	15-20	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 3 days	Administrative	15-20	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	16	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Most or moderately effective contraception 90 days	Administrative	15-20	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	LARC 3 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 3 days	Administrative	15-20	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	LARC 90 days	Administrative	15-20	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 3 days	Administrative	15-20	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	17	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Most or moderately effective contraception 90 days	Administrative	15-20	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 3 days	Administrative	15-20	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	16	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	17	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	18	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	LARC 90 days	Administrative	15-20	4	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	17	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	18	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 3 days	Administrative	15-20	7	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	17	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	18	3	3	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Most or moderately effective contraception 90 days	Administrative	15-20	7	5	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	17	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	18	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 3 days	Administrative	15-20	7	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	15	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	16	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	17	3	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	18	3	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	20	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	LARC 90 days	Administrative	15-20	7	1	N/A	N/A	NR	N/A	NR	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “-,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “-” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

LARC: long-acting reversible contraception; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Overuse/Appropriateness

The measures in the Overuse/Appropriateness category are listed in **Table 39**, followed by the measure data in **Tables 40–41**.

Table 39: Overuse/Appropriateness Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Appropriate Treatment for Upper Respiratory Infection	-	Reported as HEDIS-audited measure	This measure assesses the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. The measure is reported as an inverted rate (1 – [numerator/eligible population]). A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).	N/A	Ages 3 months–17 years, ages 18–19 years, and total ages
NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. The measure is reported as an inverted rate (1 – [numerator/eligible population]). A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).	N/A	Ages 3 months–17 years, ages 18–19 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MCO: managed care organization; MY: measurement year; N/A: not applicable.

Table 40: Appropriate Treatment for Upper Respiratory Infection Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	113	35	69.03%	N/A	NR	61.59%	+	Strength	High confidence
ABH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	116	37	68.10%	N/A	NR	60.72%	+	Strength	High confidence
CBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	88	38	56.82%	N/A	NR	61.59%	–	Opportunity	High confidence
CBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	3	2	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	91	40	56.04%	N/A	NR	60.72%	–	Opportunity	High confidence
GEI	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	140	56	60.00%	N/A	NR	61.59%	–	∅	High confidence
GEI	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	6	5	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	146	61	58.22%	N/A	NR	60.72%	–	∅	High confidence
HPP	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	50	24	52.00%	N/A	NR	61.59%	–	Opportunity	High confidence
HPP	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	51	25	50.98%	N/A	NR	60.72%	–	Opportunity	High confidence
HHK	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	170	69	59.41%	N/A	NR	61.59%	–	∅	High confidence
HHK	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	9	4	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	179	73	59.22%	N/A	NR	60.72%	–	∅	High confidence
IBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	80	45	43.75%	N/A	NR	61.59%	–	Opportunity	High confidence
IBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	81	46	43.21%	N/A	NR	60.72%	–	Opportunity	High confidence
UHC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	182	59	67.58%	N/A	NR	61.59%	+	Strength	High confidence
UHC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	7	5	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	189	64	66.14%	N/A	NR	60.72%	+	Strength	High confidence
UPMC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	3m-17	273	95	65.20%	N/A	NR	61.59%	+	Strength	High confidence
UPMC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	18-19	12	6	N/A	N/A	NR	N/A	NR	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Administrative	Total	285	101	64.56%	N/A	NR	60.72%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

3m: 3 months; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 41: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	1,571	73	95.35%	95.82%	–	92.49%	+	Ø	High confidence
ABH	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	39	2	94.87%	94.12%	+	87.19%	+	Strength	High confidence
ABH	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	1,610	75	95.34%	95.79%	–	92.32%	+	Strength	High confidence
CBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	1,113	93	91.64%	93.33%	–	92.49%	–	Ø	High confidence
CBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	29	2	N/A	91.67%	NR	87.19%	NR	Ø	High confidence
CBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	1,142	95	91.68%	93.28%	–	92.32%	–	Ø	High confidence
GEI	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	1,592	159	90.01%	92.42%	–	92.49%	–	Ø	High confidence
GEI	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	56	14	75.00%	93.33%	–	87.19%	–	Opportunity	High confidence
GEI	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	1,648	173	89.50%	92.44%	–	92.32%	–	Ø	High confidence
HPP	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	789	42	94.68%	96.38%	–	92.49%	+	Ø	High confidence
HPP	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	16	3	N/A	N/A	NR	87.19%	NR	Ø	High confidence
HPP	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	805	45	94.41%	96.20%	–	92.32%	+	Ø	High confidence
HHK	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	2,001	194	90.30%	93.32%	–	92.49%	–	Ø	High confidence
HHK	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	85	8	90.59%	86.67%	+	87.19%	+	Strength	High confidence
HHK	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	2,086	202	90.32%	93.04%	–	92.32%	–	Ø	High confidence
IBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	1,145	66	94.24%	95.57%	n.s.	92.49%	+	Ø	High confidence
IBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	25	5	N/A	92.31%	NR	87.19%	NR	Ø	High confidence
IBC	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	1,170	71	93.93%	95.47%	n.s.	92.32%	+	Ø	High confidence
UHC	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	2,259	161	92.87%	94.53%	–	92.49%	+	Ø	High confidence
UHC	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	67	12	82.09%	92.52%	–	87.19%	–	Opportunity	High confidence
UHC	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	2,326	173	92.56%	94.47%	–	92.32%	+	Ø	High confidence
UPMC	Appropriate Treatment for Upper Respiratory Infection	Administrative	3m-17	3,201	238	92.56%	94.47%	–	92.49%	+	Ø	High confidence
UPMC	Appropriate Treatment for Upper Respiratory Infection	Administrative	18-19	120	11	90.83%	94.59%	–	87.19%	+	Strength	High confidence
UPMC	Appropriate Treatment for Upper Respiratory Infection	Administrative	Total	3,321	249	92.50%	94.47%	–	92.32%	+	Ø	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

3m: 3 months; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Prevention and Screening

The measures in the Prevention and Screening category are listed in **Table 42**, followed by the measure data in **Table 43–49**.

Table 42: Prevention and Screening Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Childhood Immunization Status	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	The measure calculates a rate for each vaccine and three combination rates. Combination 3 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, and PCV. Combination 7 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, and RV. Combination 10 includes vaccinations for DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, and influenza.	2 years of age
NCQA	Chlamydia Screening in Women	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of women ages 16–24 years who were identified as sexually active and who had at least one test for chlamydia during the MY.	N/A	Ages 16–20 years
OHSU	Developmental Screening in the First Three Years of Life	✓	Measure is calculated by the MCO and validated by IPRO	This measure assesses the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	Rate 1: On or before the first birthday. Rate 2: On or before the second birthday. Rate 3: On or before the third birthday.	From birth through 1 year of age, ages 1–2 years, ages 2–3 years, and total ages
NCQA	Immunizations for Adolescents	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	The measure calculates a rate for each vaccine and two combination rates. Combination 1 includes the meningococcal and Tdap vaccine, and Combination 2 includes all three vaccinations.	13 years of age
NCQA	Lead Screening in Children	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	N/A	2 years of age
NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of members ages 3–17 years, who had an outpatient visit with a primary care physician or obstetrician/gynecologist (OB/GYN) and who had evidence of weight assessment and counseling. Because body mass index (BMI) norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.	Rate 1: BMI percentile documentation. Rate 2: Counseling for nutrition. Rate 3: Counseling for physical activity.	Ages 3–11 years, ages 12–17 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; OHSU: Oregon Health & Science University; MY: measurement year; N/A: not applicable.

Table 43: Childhood Immunization Status Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	DTaP	Hybrid	2	258	209	81.01%	84.93%	–	81.41%	–	∅	High confidence
ABH	IPV	Hybrid	2	258	231	89.53%	90.87%	–	88.79%	+	∅	High confidence
ABH	MMR	Hybrid	2	258	220	85.27%	87.67%	–	87.18%	–	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	HiB	Hybrid	2	258	228	88.37%	89.95%	–	88.17%	+	∅	High confidence
ABH	Hepatitis B	Hybrid	2	258	230	89.15%	89.95%	–	88.23%	+	∅	High confidence
ABH	VZV	Hybrid	2	258	221	85.66%	86.30%	–	86.86%	–	∅	High confidence
ABH	Pneumococcal Conjugate	Hybrid	2	258	209	81.01%	84.93%	–	81.93%	–	∅	High confidence
ABH	Hepatitis A	Hybrid	2	258	214	82.95%	87.21%	–	85.04%	–	∅	High confidence
ABH	Rotavirus	Hybrid	2	258	206	79.84%	77.17%	+	78.14%	+	∅	High confidence
ABH	Influenza	Hybrid	2	258	132	51.16%	53.88%	–	48.41%	+	∅	High confidence
ABH	Combo 3	Hybrid	2	258	197	76.36%	78.54%	–	76.19%	+	∅	High confidence
ABH	Combo 7	Hybrid	2	258	181	70.16%	68.49%	+	69.81%	+	∅	High confidence
ABH	Combo 10	Hybrid	2	258	115	44.57%	47.49%	–	42.10%	+	∅	High confidence
CBC	DTaP	Hybrid	2	95	67	70.53%	78.02%	–	81.41%	–	Opportunity	High confidence
CBC	IPV	Hybrid	2	95	79	83.16%	84.62%	–	88.79%	–	Opportunity	High confidence
CBC	MMR	Hybrid	2	95	78	82.11%	83.52%	–	87.18%	–	Opportunity	High confidence
CBC	HiB	Hybrid	2	95	72	75.79%	85.71%	–	88.17%	–	Opportunity	High confidence
CBC	Hepatitis B	Hybrid	2	95	80	84.21%	82.42%	+	88.23%	–	Opportunity	High confidence
CBC	VZV	Hybrid	2	95	76	80.00%	84.62%	–	86.86%	–	Opportunity	High confidence
CBC	Pneumococcal Conjugate	Hybrid	2	95	70	73.68%	79.12%	–	81.93%	–	Opportunity	High confidence
CBC	Hepatitis A	Hybrid	2	95	74	77.89%	81.32%	–	85.04%	–	Opportunity	High confidence
CBC	Rotavirus	Hybrid	2	95	61	64.21%	76.92%	–	78.14%	–	Opportunity	High confidence
CBC	Influenza	Hybrid	2	95	43	45.26%	43.96%	+	48.41%	–	Opportunity	High confidence
CBC	Combo 3	Hybrid	2	95	61	64.21%	69.23%	–	76.19%	–	Opportunity	High confidence
CBC	Combo 7	Hybrid	2	95	54	56.84%	65.93%	–	69.81%	–	Opportunity	High confidence
CBC	Combo 10	Hybrid	2	95	36	37.89%	37.36%	+	42.10%	–	Opportunity	High confidence
GEI	DTaP	Hybrid	2	162	141	87.04%	79.70%	+	81.41%	+	Strength	High confidence
GEI	IPV	Hybrid	2	162	148	91.36%	88.72%	+	88.79%	+	∅	High confidence
GEI	MMR	Hybrid	2	162	146	90.12%	84.96%	+	87.18%	+	∅	High confidence
GEI	HiB	Hybrid	2	162	147	90.74%	88.72%	+	88.17%	+	∅	High confidence
GEI	Hepatitis B	Hybrid	2	162	146	90.12%	86.47%	+	88.23%	+	∅	High confidence
GEI	VZV	Hybrid	2	162	144	88.89%	87.22%	+	86.86%	+	∅	High confidence
GEI	Pneumococcal Conjugate	Hybrid	2	162	140	86.42%	80.45%	+	81.93%	+	Strength	High confidence
GEI	Hepatitis A	Hybrid	2	162	144	88.89%	82.71%	+	85.04%	+	Strength	High confidence
GEI	Rotavirus	Hybrid	2	162	127	78.40%	78.20%	+	78.14%	+	∅	High confidence
GEI	Influenza	Hybrid	2	162	83	51.23%	51.13%	n.s.	48.41%	+	∅	High confidence
GEI	Combo 3	Hybrid	2	162	130	80.25%	75.94%	+	76.19%	+	Strength	High confidence
GEI	Combo 7	Hybrid	2	162	114	70.37%	68.42%	+	69.81%	+	∅	High confidence
GEI	Combo 10	Hybrid	2	162	71	43.83%	45.86%	–	42.10%	+	∅	High confidence
HPP	DTaP	Hybrid	2	99	75	75.76%	71.88%	+	81.41%	–	Opportunity	High confidence
HPP	IPV	Hybrid	2	99	88	88.89%	84.38%	+	88.79%	+	∅	High confidence
HPP	MMR	Hybrid	2	99	88	88.89%	87.50%	+	87.18%	+	∅	High confidence
HPP	HiB	Hybrid	2	99	87	87.88%	87.50%	+	88.17%	–	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	Hepatitis B	Hybrid	2	99	83	83.84%	85.94%	–	88.23%	–	Opportunity	High confidence
HPP	VZV	Hybrid	2	99	88	88.89%	84.38%	+	86.86%	+	Ø	High confidence
HPP	Pneumococcal Conjugate	Hybrid	2	99	73	73.74%	76.56%	–	81.93%	–	Opportunity	High confidence
HPP	Hepatitis A	Hybrid	2	99	83	83.84%	84.38%	–	85.04%	–	Ø	High confidence
HPP	Rotavirus	Hybrid	2	99	67	67.68%	71.88%	–	78.14%	–	Opportunity	High confidence
HPP	Influenza	Hybrid	2	99	40	40.40%	46.88%	–	48.41%	–	Opportunity	High confidence
HPP	Combo 3	Hybrid	2	99	66	66.67%	68.75%	–	76.19%	–	Opportunity	High confidence
HPP	Combo 7	Hybrid	2	99	60	60.61%	62.50%	–	69.81%	–	Opportunity	High confidence
HPP	Combo 10	Hybrid	2	99	33	33.33%	40.63%	–	42.10%	–	Opportunity	High confidence
HHK	DTaP	Hybrid	2	175	142	81.14%	84.46%	–	81.41%	–	Ø	High confidence
HHK	IPV	Hybrid	2	175	152	86.86%	91.22%	–	88.79%	–	Ø	High confidence
HHK	MMR	Hybrid	2	175	149	85.14%	91.22%	–	87.18%	–	Ø	High confidence
HHK	HiB	Hybrid	2	175	153	87.43%	90.54%	–	88.17%	–	Ø	High confidence
HHK	Hepatitis B	Hybrid	2	175	155	88.57%	91.89%	–	88.23%	+	Ø	High confidence
HHK	VZV	Hybrid	2	175	149	85.14%	89.86%	–	86.86%	–	Ø	High confidence
HHK	Pneumococcal Conjugate	Hybrid	2	175	144	82.29%	86.49%	–	81.93%	+	Ø	High confidence
HHK	Hepatitis A	Hybrid	2	175	143	81.71%	86.49%	–	85.04%	–	Opportunity	High confidence
HHK	Rotavirus	Hybrid	2	175	138	78.86%	83.78%	–	78.14%	+	Ø	High confidence
HHK	Influenza	Hybrid	2	175	78	44.57%	52.70%	–	48.41%	–	Opportunity	High confidence
HHK	Combo 3	Hybrid	2	175	132	75.43%	80.41%	–	76.19%	–	Ø	High confidence
HHK	Combo 7	Hybrid	2	175	123	70.29%	73.65%	–	69.81%	+	Ø	High confidence
HHK	Combo 10	Hybrid	2	175	69	39.43%	47.97%	–	42.10%	–	Ø	High confidence
IBC	DTaP	Hybrid	2	136	108	79.41%	N/A	NR	81.41%	–	Ø	High confidence
IBC	IPV	Hybrid	2	136	116	85.29%	N/A	NR	88.79%	–	Opportunity	High confidence
IBC	MMR	Hybrid	2	136	108	79.41%	N/A	NR	87.18%	–	Opportunity	High confidence
IBC	HiB	Hybrid	2	136	115	84.56%	N/A	NR	88.17%	–	Opportunity	High confidence
IBC	Hepatitis B	Hybrid	2	136	114	83.82%	N/A	NR	88.23%	–	Opportunity	High confidence
IBC	VZV	Hybrid	2	136	108	79.41%	N/A	NR	86.86%	–	Opportunity	High confidence
IBC	Pneumococcal Conjugate	Hybrid	2	136	107	78.68%	N/A	NR	81.93%	–	Opportunity	High confidence
IBC	Hepatitis A	Hybrid	2	136	109	80.15%	N/A	NR	85.04%	–	Opportunity	High confidence
IBC	Rotavirus	Hybrid	2	136	102	75.00%	N/A	NR	78.14%	–	Opportunity	High confidence
IBC	Influenza	Hybrid	2	136	75	55.15%	N/A	NR	48.41%	+	Strength	High confidence
IBC	Combo 3	Hybrid	2	136	101	74.26%	N/A	NR	76.19%	–	Ø	High confidence
IBC	Combo 7	Hybrid	2	136	94	69.12%	N/A	NR	69.81%	–	Ø	High confidence
IBC	Combo 10	Hybrid	2	136	68	50.00%	N/A	NR	42.10%	+	Strength	High confidence
UHC	DTaP	Hybrid	2	248	199	80.24%	88.89%	–	81.41%	–	Ø	High confidence
UHC	IPV	Hybrid	2	248	215	86.69%	93.83%	–	88.79%	–	Ø	High confidence
UHC	MMR	Hybrid	2	248	211	85.08%	90.12%	–	87.18%	–	Ø	High confidence
UHC	HiB	Hybrid	2	248	217	87.50%	92.59%	–	88.17%	–	Ø	High confidence
UHC	Hepatitis B	Hybrid	2	248	212	85.48%	93.00%	–	88.23%	–	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	VZV	Hybrid	2	248	211	85.08%	90.53%	–	86.86%	–	Ø	High confidence
UHC	Pneumococcal Conjugate	Hybrid	2	248	198	79.84%	87.24%	–	81.93%	–	Ø	High confidence
UHC	Hepatitis A	Hybrid	2	248	204	82.26%	87.65%	–	85.04%	–	Ø	High confidence
UHC	Rotavirus	Hybrid	2	248	197	79.44%	86.01%	–	78.14%	+	Ø	High confidence
UHC	Influenza	Hybrid	2	248	120	48.39%	62.96%	–	48.41%	n.s.	Ø	High confidence
UHC	Combo 3	Hybrid	2	248	186	75.00%	84.36%	–	76.19%	–	Ø	High confidence
UHC	Combo 7	Hybrid	2	248	174	70.16%	79.84%	–	69.81%	+	Ø	High confidence
UHC	Combo 10	Hybrid	2	248	107	43.15%	58.02%	–	42.10%	+	Ø	High confidence
UPMC	DTaP	Hybrid	2	411	348	84.67%	83.70%	+	81.41%	+	Strength	High confidence
UPMC	IPV	Hybrid	2	411	377	91.73%	91.60%	+	88.79%	+	Ø	High confidence
UPMC	MMR	Hybrid	2	411	380	92.46%	91.11%	+	87.18%	+	Strength	High confidence
UPMC	HiB	Hybrid	2	411	377	91.73%	90.37%	+	88.17%	+	Strength	High confidence
UPMC	Hepatitis B	Hybrid	2	411	377	91.73%	92.10%	–	88.23%	+	Strength	High confidence
UPMC	VZV	Hybrid	2	411	378	91.97%	89.88%	+	86.86%	+	Strength	High confidence
UPMC	Pneumococcal Conjugate	Hybrid	2	411	356	86.62%	86.67%	–	81.93%	+	Strength	High confidence
UPMC	Hepatitis A	Hybrid	2	411	375	91.24%	88.40%	+	85.04%	+	Strength	High confidence
UPMC	Rotavirus	Hybrid	2	411	339	82.48%	80.99%	+	78.14%	+	Strength	High confidence
UPMC	Influenza	Hybrid	2	411	196	47.69%	54.07%	–	48.41%	–	Ø	High confidence
UPMC	Combo 3	Hybrid	2	411	333	81.02%	79.75%	+	76.19%	+	Strength	High confidence
UPMC	Combo 7	Hybrid	2	411	305	74.21%	71.85%	+	69.81%	+	Strength	High confidence
UPMC	Combo 10	Hybrid	2	411	168	40.88%	46.67%	–	42.10%	–	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

DTaP: diphtheria, tetanus and acellular pertussis; IPV: polio; MMR: measles, mumps, and rubella; HiB: haemophilus influenza type B; VZV: chicken pox; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 44: Chlamydia Screening in Women Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Chlamydia Screening in Women	Administrative	16-20	299	122	40.80%	41.92%	–	36.33%	+	Strength	High confidence
CBC	Chlamydia Screening in Women	Administrative	16-20	288	81	28.13%	24.07%	+	36.33%	–	Opportunity	High confidence
GEI	Chlamydia Screening in Women	Administrative	16-20	334	112	33.53%	37.16%	–	36.33%	–	Ø	High confidence
HPP	Chlamydia Screening in Women	Administrative	16-20	169	70	41.42%	36.96%	+	36.33%	+	Strength	High confidence
HHK	Chlamydia Screening in Women	Administrative	16-20	507	154	30.37%	27.83%	+	36.33%	–	Opportunity	High confidence
IBC	Chlamydia Screening in Women	Administrative	16-20	281	129	45.91%	48.70%	–	36.33%	+	Strength	High confidence
UHC	Chlamydia Screening in Women	Administrative	16-20	458	172	37.55%	37.23%	+	36.33%	+	Ø	High confidence
UPMC	Chlamydia Screening in Women	Administrative	16-20	926	345	37.26%	36.88%	+	36.33%	+	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 45: Developmental Screening in the First Three Years of Life Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Year 1	Administrative	Total	123	80	65.04%	71.64%	–	68.92%	–	Opportunity	High confidence
ABH	Year 2	Administrative	Total	258	169	65.50%	73.97%	–	69.00%	–	Opportunity	High confidence
ABH	Year 3	Administrative	Total	249	144	57.83%	69.67%	–	65.40%	–	Opportunity	High confidence
ABH	Total	Administrative	Total	630	393	62.38%	71.52%	–	67.52%	–	Opportunity	High confidence
CBC	Year 1	Administrative	Total	80	40	50.00%	52.08%	–	68.92%	–	Opportunity	High confidence
CBC	Year 2	Administrative	Total	91	50	54.95%	60.47%	–	69.00%	–	Opportunity	High confidence
CBC	Year 3	Administrative	Total	99	53	53.54%	53.79%	–	65.40%	–	Opportunity	High confidence
CBC	Total	Administrative	Total	270	143	52.96%	55.64%	–	67.52%	–	Opportunity	High confidence
GEI	Year 1	Administrative	Total	83	46	55.42%	44.59%	+	68.92%	–	Opportunity	High confidence
GEI	Year 2	Administrative	Total	162	94	58.02%	62.41%	–	69.00%	–	Opportunity	High confidence
GEI	Year 3	Administrative	Total	170	86	50.59%	59.09%	–	65.40%	–	Opportunity	High confidence
GEI	Total	Administrative	Total	415	226	54.46%	57.34%	–	67.52%	–	Opportunity	High confidence
HPP	Year 1	Administrative	Total	45	35	77.78%	65.71%	+	68.92%	+	Strength	High confidence
HPP	Year 2	Administrative	Total	99	63	63.64%	67.19%	–	69.00%	–	Opportunity	High confidence
HPP	Year 3	Administrative	Total	111	60	54.05%	60.00%	–	65.40%	–	Opportunity	High confidence
HPP	Total	Administrative	Total	255	158	61.96%	63.49%	–	67.52%	–	Opportunity	High confidence
HHK	Year 1	Administrative	Total	84	55	65.48%	69.88%	–	68.92%	–	Opportunity	High confidence
HHK	Year 2	Administrative	Total	175	120	68.57%	70.95%	–	69.00%	–	Ø	High confidence
HHK	Year 3	Administrative	Total	186	129	69.35%	70.91%	–	65.40%	+	Strength	High confidence
HHK	Total	Administrative	Total	445	304	68.31%	70.73%	–	67.52%	+	Ø	High confidence
IBC	Year 1	Administrative	Total	80	49	61.25%	64.20%	–	68.92%	–	Opportunity	High confidence
IBC	Year 2	Administrative	Total	141	100	70.92%	76.47%	–	69.00%	+	Ø	High confidence
IBC	Year 3	Administrative	Total	133	85	63.91%	69.08%	–	65.40%	–	Ø	High confidence
IBC	Total	Administrative	Total	354	234	66.10%	70.45%	–	67.52%	–	Ø	High confidence
UHC	Year 1	Administrative	Total	110	82	74.55%	64.39%	+	68.92%	+	Strength	High confidence
UHC	Year 2	Administrative	Total	249	168	67.47%	68.31%	–	69.00%	–	Ø	High confidence
UHC	Year 3	Administrative	Total	240	155	64.58%	72.67%	–	65.40%	–	Ø	High confidence
UHC	Total	Administrative	Total	599	405	67.61%	69.58%	–	67.52%	+	Ø	High confidence
UPMC	Year 1	Administrative	Total	254	205	80.71%	74.40%	+	68.92%	+	Strength	High confidence
UPMC	Year 2	Administrative	Total	682	547	79.91%	73.33%	+	69.00%	+	Strength	High confidence
UPMC	Year 3	Administrative	Total	491	386	78.62%	74.90%	+	65.40%	+	Strength	High confidence
UPMC	Total	Administrative	Total	1,173	933	79.54%	74.24%	+	67.52%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.



MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 46: Immunizations for Adolescents Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Meningococcal	Hybrid	13	411	354	86.13%	88.08%	–	88.29%	–	∅	High confidence
ABH	Tdap	Hybrid	13	411	356	86.62%	90.27%	–	88.72%	–	∅	High confidence
ABH	HPV	Hybrid	13	411	161	39.17%	38.20%	+	36.24%	+	∅	High confidence
ABH	Combination 1	Hybrid	13	411	352	85.64%	87.83%	–	87.64%	–	∅	High confidence
ABH	Combination 2	Hybrid	13	411	159	38.69%	37.47%	+	35.84%	+	∅	High confidence
CBC	Meningococcal	Hybrid	13	411	362	88.08%	89.78%	–	88.29%	–	∅	High confidence
CBC	Tdap	Hybrid	13	411	363	88.32%	90.75%	–	88.72%	–	∅	High confidence
CBC	HPV	Hybrid	13	411	123	29.93%	30.17%	–	36.24%	–	Opportunity	High confidence
CBC	Combination 1	Hybrid	13	411	359	87.35%	89.54%	–	87.64%	–	∅	High confidence
CBC	Combination 2	Hybrid	13	411	123	29.93%	29.68%	+	35.84%	–	Opportunity	High confidence
GEI	Meningococcal	Hybrid	13	411	367	89.29%	89.29%	n.s.	88.29%	+	∅	High confidence
GEI	Tdap	Hybrid	13	411	368	89.54%	89.78%	–	88.72%	+	∅	High confidence
GEI	HPV	Hybrid	13	411	131	31.87%	29.93%	+	36.24%	–	Opportunity	High confidence
GEI	Combination 1	Hybrid	13	411	362	88.08%	88.08%	n.s.	87.64%	+	∅	High confidence
GEI	Combination 2	Hybrid	13	411	129	31.39%	29.44%	+	35.84%	–	Opportunity	High confidence
HPP	Meningococcal	Hybrid	13	411	359	87.35%	85.89%	+	88.29%	–	∅	High confidence
HPP	Tdap	Hybrid	13	411	362	88.08%	87.10%	+	88.72%	–	∅	High confidence
HPP	HPV	Hybrid	13	411	175	42.58%	41.12%	+	36.24%	+	Strength	High confidence
HPP	Combination 1	Hybrid	13	411	358	87.10%	84.91%	+	87.64%	–	∅	High confidence
HPP	Combination 2	Hybrid	13	411	173	42.09%	40.15%	+	35.84%	+	Strength	High confidence
HHK	Meningococcal	Hybrid	13	411	356	86.62%	90.51%	–	88.29%	–	∅	High confidence
HHK	Tdap	Hybrid	13	411	357	86.86%	89.78%	–	88.72%	–	∅	High confidence
HHK	HPV	Hybrid	13	411	112	27.25%	32.60%	–	36.24%	–	Opportunity	High confidence
HHK	Combination 1	Hybrid	13	411	352	85.64%	89.54%	–	87.64%	–	∅	High confidence
HHK	Combination 2	Hybrid	13	411	111	27.01%	32.60%	–	35.84%	–	Opportunity	High confidence
IBC	Meningococcal	Hybrid	13	411	363	88.32%	N/A	NR	88.29%	n.s.	∅	High confidence
IBC	Tdap	Hybrid	13	411	365	88.81%	N/A	NR	88.72%	+	∅	High confidence
IBC	HPV	Hybrid	13	411	170	41.36%	N/A	NR	36.24%	+	Strength	High confidence
IBC	Combination 1	Hybrid	13	411	359	87.35%	N/A	NR	87.64%	–	∅	High confidence
IBC	Combination 2	Hybrid	13	411	167	40.63%	N/A	NR	35.84%	+	Strength	High confidence
UHC	Meningococcal	Hybrid	13	411	377	91.73%	92.21%	–	88.29%	+	Strength	High confidence
UHC	Tdap	Hybrid	13	411	377	91.73%	91.73%	n.s.	88.72%	+	Strength	High confidence
UHC	HPV	Hybrid	13	411	170	41.36%	40.88%	+	36.24%	+	Strength	High confidence
UHC	Combination 1	Hybrid	13	411	375	91.24%	91.00%	+	87.64%	+	Strength	High confidence
UHC	Combination 2	Hybrid	13	411	170	41.36%	40.39%	+	35.84%	+	Strength	High confidence
UPMC	Meningococcal	Administrative	13	1,535	1,346	87.69%	90.27%	–	88.29%	–	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Tdap	Administrative	13	1,535	1,360	88.60%	90.27%	–	88.72%	–	∅	High confidence
UPMC	HPV	Administrative	13	1,535	550	35.83%	38.44%	–	36.24%	–	∅	High confidence
UPMC	Combination 1	Administrative	13	1,535	1,340	87.30%	89.29%	–	87.64%	–	∅	High confidence
UPMC	Combination 2	Administrative	13	1,535	539	35.11%	38.20%	–	35.84%	–	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 47: Immunizations for Adolescents Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Meningococcal	Race	White	212	183	86.32%	N/A	NR	88.64%	–	∅	High confidence
ABH	Meningococcal	Race	Black or African American	98	82	83.67%	N/A	NR	86.25%	–	∅	High confidence
ABH	Meningococcal	Race	American Indian or Alaska Native	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Asian	32	28	87.50%	N/A	NR	95.58%	–	Opportunity	High confidence
ABH	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Some Other Race	8	8	N/A	N/A	NR	90.61%	NR	∅	High confidence
ABH	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	∅	High confidence
ABH	Meningococcal	Race	Unknown	60	52	86.67%	N/A	NR	87.68%	–	∅	High confidence
ABH	Meningococcal	Ethnicity	Hispanic or Latino	16	13	N/A	N/A	NR	90.73%	NR	∅	High confidence
ABH	Meningococcal	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	89.57%	NR	∅	High confidence
ABH	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Meningococcal	Ethnicity	Unknown	394	340	86.29%	N/A	NR	86.41%	–	∅	High confidence
ABH	Tdap	Race	White	212	184	86.79%	N/A	NR	89.13%	–	∅	High confidence
ABH	Tdap	Race	Black or African American	98	82	83.67%	N/A	NR	86.91%	–	Opportunity	High confidence
ABH	Tdap	Race	American Indian or Alaska Native	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Asian	32	28	87.50%	N/A	NR	94.66%	–	Opportunity	High confidence
ABH	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Some Other Race	8	8	N/A	N/A	NR	89.89%	NR	∅	High confidence
ABH	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	∅	High confidence
ABH	Tdap	Race	Unknown	60	53	88.33%	N/A	NR	88.18%	+	∅	High confidence
ABH	Tdap	Ethnicity	Hispanic or Latino	16	13	N/A	N/A	NR	91.07%	NR	∅	High confidence
ABH	Tdap	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	89.93%	NR	∅	High confidence
ABH	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Tdap	Ethnicity	Unknown	394	342	86.80%	N/A	NR	86.97%	–	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	HPV	Race	White	212	70	33.02%	N/A	NR	33.50%	–	Ø	High confidence
ABH	HPV	Race	Black or African American	98	38	38.78%	N/A	NR	43.55%	–	Opportunity	High confidence
ABH	HPV	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	HPV	Race	Asian	32	19	59.38%	N/A	NR	60.97%	–	Ø	High confidence
ABH	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	HPV	Race	Some Other Race	8	2	N/A	N/A	NR	44.54%	NR	Ø	High confidence
ABH	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
ABH	HPV	Race	Unknown	60	32	53.33%	N/A	NR	34.22%	+	Strength	High confidence
ABH	HPV	Ethnicity	Hispanic or Latino	16	8	N/A	N/A	NR	54.79%	NR	Ø	High confidence
ABH	HPV	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	36.32%	NR	Ø	High confidence
ABH	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	HPV	Ethnicity	Unknown	394	153	38.83%	N/A	NR	33.24%	+	Strength	High confidence
ABH	Combination 1	Race	White	212	181	85.38%	N/A	NR	87.88%	–	Ø	High confidence
ABH	Combination 1	Race	Black or African American	98	82	83.67%	N/A	NR	86.02%	–	Ø	High confidence
ABH	Combination 1	Race	American Indian or Alaska Native	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 1	Race	Asian	32	28	87.50%	N/A	NR	94.66%	–	Opportunity	High confidence
ABH	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 1	Race	Some Other Race	8	8	N/A	N/A	NR	89.89%	NR	Ø	High confidence
ABH	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
ABH	Combination 1	Race	Unknown	60	52	86.67%	N/A	NR	87.12%	–	Ø	High confidence
ABH	Combination 1	Ethnicity	Hispanic or Latino	16	13	N/A	N/A	NR	90.73%	NR	Ø	High confidence
ABH	Combination 1	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	88.83%	NR	Ø	High confidence
ABH	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 1	Ethnicity	Unknown	394	338	85.79%	N/A	NR	85.76%	n.s.	Ø	High confidence
ABH	Combination 2	Race	White	212	70	33.02%	N/A	NR	33.03%	n.s.	Ø	High confidence
ABH	Combination 2	Race	Black or African American	98	37	37.76%	N/A	NR	43.16%	–	Opportunity	High confidence
ABH	Combination 2	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 2	Race	Asian	32	19	59.38%	N/A	NR	60.97%	–	Ø	High confidence
ABH	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 2	Race	Some Other Race	8	2	N/A	N/A	NR	43.83%	NR	Ø	High confidence
ABH	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
ABH	Combination 2	Race	Unknown	60	31	51.67%	N/A	NR	33.78%	+	Strength	High confidence
ABH	Combination 2	Ethnicity	Hispanic or Latino	16	7	N/A	N/A	NR	54.79%	NR	Ø	High confidence
ABH	Combination 2	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	35.88%	NR	Ø	High confidence
ABH	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
ABH	Combination 2	Ethnicity	Unknown	394	152	38.58%	N/A	NR	32.88%	+	Strength	High confidence
CBC	Meningococcal	Race	White	371	326	87.87%	N/A	NR	88.64%	–	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Meningococcal	Race	Black or African American	7	6	N/A	N/A	NR	86.25%	NR	Ø	High confidence
CBC	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Meningococcal	Race	Asian	7	7	N/A	N/A	NR	95.58%	NR	Ø	High confidence
CBC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	90.61%	NR	Ø	High confidence
CBC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	Ø	High confidence
CBC	Meningococcal	Race	Unknown	26	23	N/A	N/A	NR	87.68%	NR	Ø	High confidence
CBC	Meningococcal	Ethnicity	Hispanic or Latino	24	22	N/A	N/A	NR	90.73%	NR	Ø	High confidence
CBC	Meningococcal	Ethnicity	Not Hispanic or Latino	387	340	87.86%	N/A	NR	89.57%	–	Ø	High confidence
CBC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Meningococcal	Ethnicity	Unknown	0	0	N/A	N/A	NR	86.41%	NR	Ø	High confidence
CBC	Tdap	Race	White	371	327	88.14%	N/A	NR	89.13%	–	Ø	High confidence
CBC	Tdap	Race	Black or African American	7	6	N/A	N/A	NR	86.91%	NR	Ø	High confidence
CBC	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Asian	7	7	N/A	N/A	NR	94.66%	NR	Ø	High confidence
CBC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
CBC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	Ø	High confidence
CBC	Tdap	Race	Unknown	26	23	N/A	N/A	NR	88.18%	NR	Ø	High confidence
CBC	Tdap	Ethnicity	Hispanic or Latino	24	22	N/A	N/A	NR	91.07%	NR	Ø	High confidence
CBC	Tdap	Ethnicity	Not Hispanic or Latino	387	341	88.11%	N/A	NR	89.93%	–	Ø	High confidence
CBC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Tdap	Ethnicity	Unknown	0	0	N/A	N/A	NR	86.97%	NR	Ø	High confidence
CBC	HPV	Race	White	371	106	28.57%	N/A	NR	33.50%	–	Opportunity	High confidence
CBC	HPV	Race	Black or African American	7	1	N/A	N/A	NR	43.55%	NR	Ø	High confidence
CBC	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Asian	7	3	N/A	N/A	NR	60.97%	NR	Ø	High confidence
CBC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	44.54%	NR	Ø	High confidence
CBC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
CBC	HPV	Race	Unknown	26	13	N/A	N/A	NR	34.22%	NR	Ø	High confidence
CBC	HPV	Ethnicity	Hispanic or Latino	24	13	N/A	N/A	NR	54.79%	NR	Ø	High confidence
CBC	HPV	Ethnicity	Not Hispanic or Latino	387	110	28.42%	N/A	NR	36.32%	–	Opportunity	High confidence
CBC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	HPV	Ethnicity	Unknown	0	0	N/A	N/A	NR	33.24%	NR	Ø	High confidence
CBC	Combination 1	Race	White	371	323	87.06%	N/A	NR	87.88%	–	Ø	High confidence
CBC	Combination 1	Race	Black or African American	7	6	N/A	N/A	NR	86.02%	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
CBC	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Asian	7	7	N/A	N/A	NR	94.66%	NR	Ø	High confidence
CBC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
CBC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
CBC	Combination 1	Race	Unknown	26	23	N/A	N/A	NR	87.12%	NR	Ø	High confidence
CBC	Combination 1	Ethnicity	Hispanic or Latino	24	22	N/A	N/A	NR	90.73%	NR	Ø	High confidence
CBC	Combination 1	Ethnicity	Not Hispanic or Latino	387	337	87.08%	N/A	NR	88.83%	–	Ø	High confidence
CBC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 1	Ethnicity	Unknown	0	0	N/A	N/A	NR	85.76%	NR	Ø	High confidence
CBC	Combination 2	Race	White	371	106	28.57%	N/A	NR	33.03%	–	Opportunity	High confidence
CBC	Combination 2	Race	Black or African American	7	1	N/A	N/A	NR	43.16%	NR	Ø	High confidence
CBC	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 2	Race	Asian	7	3	N/A	N/A	NR	60.97%	NR	Ø	High confidence
CBC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	43.83%	NR	Ø	High confidence
CBC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
CBC	Combination 2	Race	Unknown	26	13	N/A	N/A	NR	33.78%	NR	Ø	High confidence
CBC	Combination 2	Ethnicity	Hispanic or Latino	24	13	N/A	N/A	NR	54.79%	NR	Ø	High confidence
CBC	Combination 2	Ethnicity	Not Hispanic or Latino	387	110	28.42%	N/A	NR	35.88%	–	Opportunity	High confidence
CBC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
CBC	Combination 2	Ethnicity	Unknown	0	0	N/A	N/A	NR	32.88%	NR	Ø	High confidence
GEI	Meningococcal	Race	White	252	234	92.86%	N/A	NR	88.64%	+	Strength	High confidence
GEI	Meningococcal	Race	Black or African American	13	13	N/A	N/A	NR	86.25%	NR	Ø	High confidence
GEI	Meningococcal	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Meningococcal	Race	Asian	7	6	N/A	N/A	NR	95.58%	NR	Ø	High confidence
GEI	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	90.61%	NR	Ø	High confidence
GEI	Meningococcal	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Meningococcal	Race	Asked but No Answer	105	87	82.86%	N/A	NR	84.11%	–	Ø	High confidence
GEI	Meningococcal	Race	Unknown	27	20	N/A	N/A	NR	87.68%	NR	Ø	High confidence
GEI	Meningococcal	Ethnicity	Hispanic or Latino	37	34	91.89%	N/A	NR	90.73%	+	Ø	High confidence
GEI	Meningococcal	Ethnicity	Not Hispanic or Latino	249	232	93.17%	N/A	NR	89.57%	+	Strength	High confidence
GEI	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Meningococcal	Ethnicity	Unknown	125	101	80.80%	N/A	NR	86.41%	–	Opportunity	High confidence
GEI	Tdap	Race	White	252	233	92.46%	N/A	NR	89.13%	+	Strength	High confidence
GEI	Tdap	Race	Black or African American	13	13	N/A	N/A	NR	86.91%	NR	Ø	High confidence
GEI	Tdap	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Tdap	Race	Asian	7	7	N/A	N/A	NR	94.66%	NR	Ø	High confidence
GEI	Tdap	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
GEI	Tdap	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Tdap	Race	Asked but No Answer	105	88	83.81%	N/A	NR	85.21%	–	Ø	High confidence
GEI	Tdap	Race	Unknown	27	20	N/A	N/A	NR	88.18%	NR	Ø	High confidence
GEI	Tdap	Ethnicity	Hispanic or Latino	37	35	94.59%	N/A	NR	91.07%	+	Strength	High confidence
GEI	Tdap	Ethnicity	Not Hispanic or Latino	249	231	92.77%	N/A	NR	89.93%	+	Ø	High confidence
GEI	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Tdap	Ethnicity	Unknown	125	102	81.60%	N/A	NR	86.97%	–	Opportunity	High confidence
GEI	HPV	Race	White	252	89	35.32%	N/A	NR	33.50%	+	Ø	High confidence
GEI	HPV	Race	Black or African American	13	8	N/A	N/A	NR	43.55%	NR	Ø	High confidence
GEI	HPV	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	HPV	Race	Asian	7	4	N/A	N/A	NR	60.97%	NR	Ø	High confidence
GEI	HPV	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	44.54%	NR	Ø	High confidence
GEI	HPV	Race	Two or More Races	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	HPV	Race	Asked but No Answer	105	19	18.10%	N/A	NR	23.64%	–	Opportunity	High confidence
GEI	HPV	Race	Unknown	27	9	N/A	N/A	NR	34.22%	NR	Ø	High confidence
GEI	HPV	Ethnicity	Hispanic or Latino	37	17	45.95%	N/A	NR	54.79%	–	Opportunity	High confidence
GEI	HPV	Ethnicity	Not Hispanic or Latino	249	91	36.55%	N/A	NR	36.32%	+	Ø	High confidence
GEI	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	HPV	Ethnicity	Unknown	125	23	18.40%	N/A	NR	33.24%	–	Opportunity	High confidence
GEI	Combination 1	Race	White	252	231	91.67%	N/A	NR	87.88%	+	Strength	High confidence
GEI	Combination 1	Race	Black or African American	13	13	N/A	N/A	NR	86.02%	NR	Ø	High confidence
GEI	Combination 1	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 1	Race	Asian	7	6	N/A	N/A	NR	94.66%	NR	Ø	High confidence
GEI	Combination 1	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
GEI	Combination 1	Race	Two or More Races	4	4	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 1	Race	Asked but No Answer	105	85	80.95%	N/A	NR	82.78%	–	Ø	High confidence
GEI	Combination 1	Race	Unknown	27	20	N/A	N/A	NR	87.12%	NR	Ø	High confidence
GEI	Combination 1	Ethnicity	Hispanic or Latino	37	34	91.89%	N/A	NR	90.73%	+	Ø	High confidence
GEI	Combination 1	Ethnicity	Not Hispanic or Latino	249	229	91.97%	N/A	NR	88.83%	+	Strength	High confidence
GEI	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 1	Ethnicity	Unknown	125	99	79.20%	N/A	NR	85.76%	–	Opportunity	High confidence
GEI	Combination 2	Race	White	252	87	34.52%	N/A	NR	33.03%	+	Ø	High confidence
GEI	Combination 2	Race	Black or African American	13	8	N/A	N/A	NR	43.16%	NR	Ø	High confidence
GEI	Combination 2	Race	American Indian or Alaska Native	2	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 2	Race	Asian	7	4	N/A	N/A	NR	60.97%	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Combination 2	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	43.83%	NR	Ø	High confidence
GEI	Combination 2	Race	Two or More Races	4	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 2	Race	Asked but No Answer	105	19	18.10%	N/A	NR	23.64%	–	Opportunity	High confidence
GEI	Combination 2	Race	Unknown	27	9	N/A	N/A	NR	33.78%	NR	Ø	High confidence
GEI	Combination 2	Ethnicity	Hispanic or Latino	37	17	45.95%	N/A	NR	54.79%	–	Opportunity	High confidence
GEI	Combination 2	Ethnicity	Not Hispanic or Latino	249	89	35.74%	N/A	NR	35.88%	–	Ø	High confidence
GEI	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
GEI	Combination 2	Ethnicity	Unknown	125	23	18.40%	N/A	NR	32.88%	–	Opportunity	High confidence
HPP	Meningococcal	Race	White	157	139	88.54%	N/A	NR	88.64%	–	Ø	High confidence
HPP	Meningococcal	Race	Black or African American	119	101	84.87%	N/A	NR	86.25%	–	Ø	High confidence
HPP	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Asian	37	36	97.30%	N/A	NR	95.58%	+	Ø	High confidence
HPP	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Some Other Race	84	74	88.10%	N/A	NR	90.61%	–	Ø	High confidence
HPP	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	Ø	High confidence
HPP	Meningococcal	Race	Unknown	14	9	N/A	N/A	NR	87.68%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	90.73%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Not Hispanic or Latino	11	9	N/A	N/A	NR	89.57%	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Meningococcal	Ethnicity	Unknown	396	346	87.37%	N/A	NR	86.41%	+	Ø	High confidence
HPP	Tdap	Race	White	157	142	90.45%	N/A	NR	89.13%	+	Ø	High confidence
HPP	Tdap	Race	Black or African American	119	102	85.71%	N/A	NR	86.91%	–	Ø	High confidence
HPP	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Asian	37	36	97.30%	N/A	NR	94.66%	+	Ø	High confidence
HPP	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Some Other Race	84	73	86.90%	N/A	NR	89.89%	–	Ø	High confidence
HPP	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	Ø	High confidence
HPP	Tdap	Race	Unknown	14	9	N/A	N/A	NR	88.18%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	91.07%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Not Hispanic or Latino	11	9	N/A	N/A	NR	89.93%	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Tdap	Ethnicity	Unknown	396	349	88.13%	N/A	NR	86.97%	+	Ø	High confidence
HPP	HPV	Race	White	157	64	40.76%	N/A	NR	33.50%	+	Strength	High confidence
HPP	HPV	Race	Black or African American	119	50	42.02%	N/A	NR	43.55%	–	Ø	High confidence
HPP	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Race	Asian	37	19	51.35%	N/A	NR	60.97%	–	Opportunity	High confidence
HPP	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HPP	HPV	Race	Some Other Race	84	39	46.43%	N/A	NR	44.54%	+	Ø	High confidence
HPP	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
HPP	HPV	Race	Unknown	14	3	N/A	N/A	NR	34.22%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Hispanic or Latino	4	3	N/A	N/A	NR	54.79%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Not Hispanic or Latino	11	5	N/A	N/A	NR	36.32%	NR	Ø	High confidence
HPP	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	HPV	Ethnicity	Unknown	396	167	42.17%	N/A	NR	33.24%	+	Strength	High confidence
HPP	Combination 1	Race	White	157	139	88.54%	N/A	NR	87.88%	+	Ø	High confidence
HPP	Combination 1	Race	Black or African American	119	101	84.87%	N/A	NR	86.02%	–	Ø	High confidence
HPP	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 1	Race	Asian	37	36	97.30%	N/A	NR	94.66%	+	Ø	High confidence
HPP	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 1	Race	Some Other Race	84	73	86.90%	N/A	NR	89.89%	–	Ø	High confidence
HPP	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
HPP	Combination 1	Race	Unknown	14	9	N/A	N/A	NR	87.12%	NR	Ø	High confidence
HPP	Combination 1	Ethnicity	Hispanic or Latino	4	4	N/A	N/A	NR	90.73%	NR	Ø	High confidence
HPP	Combination 1	Ethnicity	Not Hispanic or Latino	11	9	N/A	N/A	NR	88.83%	NR	Ø	High confidence
HPP	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 1	Ethnicity	Unknown	396	345	87.12%	N/A	NR	85.76%	+	Ø	High confidence
HPP	Combination 2	Race	White	157	63	40.13%	N/A	NR	33.03%	+	Strength	High confidence
HPP	Combination 2	Race	Black or African American	119	50	42.02%	N/A	NR	43.16%	–	Ø	High confidence
HPP	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 2	Race	Asian	37	19	51.35%	N/A	NR	60.97%	–	Opportunity	High confidence
HPP	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 2	Race	Some Other Race	84	38	45.24%	N/A	NR	43.83%	+	Ø	High confidence
HPP	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
HPP	Combination 2	Race	Unknown	14	3	N/A	N/A	NR	33.78%	NR	Ø	High confidence
HPP	Combination 2	Ethnicity	Hispanic or Latino	4	3	N/A	N/A	NR	54.79%	NR	Ø	High confidence
HPP	Combination 2	Ethnicity	Not Hispanic or Latino	11	5	N/A	N/A	NR	35.88%	NR	Ø	High confidence
HPP	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HPP	Combination 2	Ethnicity	Unknown	396	165	41.67%	N/A	NR	32.88%	+	Strength	High confidence
HHK	Meningococcal	Race	White	3	3	N/A	N/A	NR	88.64%	NR	Ø	High confidence
HHK	Meningococcal	Race	Black or African American	0	0	N/A	N/A	NR	86.25%	NR	Ø	High confidence
HHK	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Meningococcal	Race	Asian	0	0	N/A	N/A	NR	95.58%	NR	Ø	High confidence
HHK	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	90.61%	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	Ø	High confidence
HHK	Meningococcal	Race	Unknown	408	353	86.52%	N/A	NR	87.68%	–	Ø	High confidence
HHK	Meningococcal	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	90.73%	NR	Ø	High confidence
HHK	Meningococcal	Ethnicity	Not Hispanic or Latino	7	6	N/A	N/A	NR	89.57%	NR	Ø	High confidence
HHK	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Meningococcal	Ethnicity	Unknown	404	350	86.63%	N/A	NR	86.41%	+	Ø	High confidence
HHK	Tdap	Race	White	3	3	N/A	N/A	NR	89.13%	NR	Ø	High confidence
HHK	Tdap	Race	Black or African American	0	0	N/A	N/A	NR	86.91%	NR	Ø	High confidence
HHK	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Tdap	Race	Asian	0	0	N/A	N/A	NR	94.66%	NR	Ø	High confidence
HHK	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
HHK	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	Ø	High confidence
HHK	Tdap	Race	Unknown	408	354	86.76%	N/A	NR	88.18%	–	Ø	High confidence
HHK	Tdap	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	91.07%	NR	Ø	High confidence
HHK	Tdap	Ethnicity	Not Hispanic or Latino	7	6	N/A	N/A	NR	89.93%	NR	Ø	High confidence
HHK	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Tdap	Ethnicity	Unknown	404	351	86.88%	N/A	NR	86.97%	–	Ø	High confidence
HHK	HPV	Race	White	3	2	N/A	N/A	NR	33.50%	NR	Ø	High confidence
HHK	HPV	Race	Black or African American	0	0	N/A	N/A	NR	43.55%	NR	Ø	High confidence
HHK	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	HPV	Race	Asian	0	0	N/A	N/A	NR	60.97%	NR	Ø	High confidence
HHK	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	44.54%	NR	Ø	High confidence
HHK	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
HHK	HPV	Race	Unknown	408	110	26.96%	N/A	NR	34.22%	–	Opportunity	High confidence
HHK	HPV	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	54.79%	NR	Ø	High confidence
HHK	HPV	Ethnicity	Not Hispanic or Latino	7	2	N/A	N/A	NR	36.32%	NR	Ø	High confidence
HHK	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	HPV	Ethnicity	Unknown	404	110	27.23%	N/A	NR	33.24%	–	Opportunity	High confidence
HHK	Combination 1	Race	White	3	3	N/A	N/A	NR	87.88%	NR	Ø	High confidence
HHK	Combination 1	Race	Black or African American	0	0	N/A	N/A	NR	86.02%	NR	Ø	High confidence
HHK	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 1	Race	Asian	0	0	N/A	N/A	NR	94.66%	NR	Ø	High confidence
HHK	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
HHK	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
HHK	Combination 1	Race	Unknown	408	349	85.54%	N/A	NR	87.12%	–	Ø	High confidence
HHK	Combination 1	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	90.73%	NR	Ø	High confidence
HHK	Combination 1	Ethnicity	Not Hispanic or Latino	7	6	N/A	N/A	NR	88.83%	NR	Ø	High confidence
HHK	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 1	Ethnicity	Unknown	404	346	85.64%	N/A	NR	85.76%	–	Ø	High confidence
HHK	Combination 2	Race	White	3	2	N/A	N/A	NR	33.03%	NR	Ø	High confidence
HHK	Combination 2	Race	Black or African American	0	0	N/A	N/A	NR	43.16%	NR	Ø	High confidence
HHK	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 2	Race	Asian	0	0	N/A	N/A	NR	60.97%	NR	Ø	High confidence
HHK	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	43.83%	NR	Ø	High confidence
HHK	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
HHK	Combination 2	Race	Unknown	408	109	26.72%	N/A	NR	33.78%	–	Opportunity	High confidence
HHK	Combination 2	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	54.79%	NR	Ø	High confidence
HHK	Combination 2	Ethnicity	Not Hispanic or Latino	7	2	N/A	N/A	NR	35.88%	NR	Ø	High confidence
HHK	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
HHK	Combination 2	Ethnicity	Unknown	404	109	26.98%	N/A	NR	32.88%	–	Opportunity	High confidence
IBC	Meningococcal	Race	White	175	148	84.57%	N/A	NR	88.64%	–	Opportunity	High confidence
IBC	Meningococcal	Race	Black or African American	94	84	89.36%	N/A	NR	86.25%	+	Strength	High confidence
IBC	Meningococcal	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Meningococcal	Race	Asian	41	40	97.56%	N/A	NR	95.58%	+	Ø	High confidence
IBC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Meningococcal	Race	Some Other Race	36	34	94.44%	N/A	NR	90.61%	+	Strength	High confidence
IBC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A		Ø	High confidence
IBC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	Ø	High confidence
IBC	Meningococcal	Race	Unknown	64	56	87.50%	N/A	NR	87.68%	–	Ø	High confidence
IBC	Meningococcal	Ethnicity	Hispanic or Latino	60	52	86.67%	N/A	NR	90.73%	–	Opportunity	High confidence
IBC	Meningococcal	Ethnicity	Not Hispanic or Latino	347	307	88.47%	N/A	NR	89.57%	–	Ø	High confidence
IBC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Meningococcal	Ethnicity	Unknown	4	4	N/A	N/A	NR	86.41%	NR	Ø	High confidence
IBC	Tdap	Race	White	175	150	85.71%	N/A	NR	89.13%	–	Opportunity	High confidence
IBC	Tdap	Race	Black or African American	94	84	89.36%	N/A	NR	86.91%	+	Ø	High confidence
IBC	Tdap	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Tdap	Race	Asian	41	40	97.56%	N/A	NR	94.66%	+	Ø	High confidence
IBC	Tdap	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Tdap	Race	Some Other Race	36	34	94.44%	N/A	NR	89.89%	+	Strength	High confidence
IBC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	Ø	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Tdap	Race	Unknown	64	56	87.50%	N/A	NR	88.18%	–	Ø	High confidence
IBC	Tdap	Ethnicity	Hispanic or Latino	60	52	86.67%	N/A	NR	91.07%	–	Opportunity	High confidence
IBC	Tdap	Ethnicity	Not Hispanic or Latino	347	309	89.05%	N/A	NR	89.93%	–	Ø	High confidence
IBC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Tdap	Ethnicity	Unknown	4	4	N/A	N/A	NR	86.97%	NR	Ø	High confidence
IBC	HPV	Race	White	175	49	28.00%	N/A	NR	33.50%	–	Opportunity	High confidence
IBC	HPV	Race	Black or African American	94	49	52.13%	N/A	NR	43.55%	+	Strength	High confidence
IBC	HPV	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	HPV	Race	Asian	41	25	60.98%	N/A	NR	60.97%	n.s.	Ø	High confidence
IBC	HPV	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	HPV	Race	Some Other Race	36	15	41.67%	N/A	NR	44.54%	–	Ø	High confidence
IBC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
IBC	HPV	Race	Unknown	64	31	48.44%	N/A	NR	34.22%	+	Strength	High confidence
IBC	HPV	Ethnicity	Hispanic or Latino	60	31	51.67%	N/A	NR	54.79%	–	Opportunity	High confidence
IBC	HPV	Ethnicity	Not Hispanic or Latino	347	139	40.06%	N/A	NR	36.32%	+	Strength	High confidence
IBC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	HPV	Ethnicity	Unknown	4	0	N/A	N/A	NR	33.24%	NR	Ø	High confidence
IBC	Combination 1	Race	White	175	145	82.86%	N/A	NR	87.88%	–	Opportunity	High confidence
IBC	Combination 1	Race	Black or African American	94	83	88.30%	N/A	NR	86.02%	+	Ø	High confidence
IBC	Combination 1	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 1	Race	Asian	41	40	97.56%	N/A	NR	94.66%	+	Ø	High confidence
IBC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 1	Race	Some Other Race	36	34	94.44%	N/A	NR	89.89%	+	Strength	High confidence
IBC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
IBC	Combination 1	Race	Unknown	64	56	87.50%	N/A	NR	87.12%	+	Ø	High confidence
IBC	Combination 1	Ethnicity	Hispanic or Latino	60	52	86.67%	N/A	NR	90.73%	–	Opportunity	High confidence
IBC	Combination 1	Ethnicity	Not Hispanic or Latino	347	303	87.32%	N/A	NR	88.83%	–	Ø	High confidence
IBC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 1	Ethnicity	Unknown	4	4	N/A	N/A	NR	85.76%	NR	Ø	High confidence
IBC	Combination 2	Race	White	175	46	26.29%	N/A	NR	33.03%	–	Opportunity	High confidence
IBC	Combination 2	Race	Black or African American	94	49	52.13%	N/A	NR	43.16%	+	Strength	High confidence
IBC	Combination 2	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 2	Race	Asian	41	25	60.98%	N/A	NR	60.97%	n.s.	Ø	High confidence
IBC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 2	Race	Some Other Race	36	15	41.67%	N/A	NR	43.83%	–	Ø	High confidence
IBC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
IBC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
IBC	Combination 2	Race	Unknown	64	31	48.44%	N/A	NR	33.78%	+	Strength	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Combination 2	Ethnicity	Hispanic or Latino	60	31	51.67%	N/A	NR	54.79%	–	Opportunity	High confidence
IBC	Combination 2	Ethnicity	Not Hispanic or Latino	347	136	39.19%	N/A	NR	35.88%	+	Strength	High confidence
IBC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Combination 2	Ethnicity	Unknown	4	0	N/A	N/A	NR	32.88%	NR	∅	High confidence
UHC	Meningococcal	Race	White	239	220	92.05%	N/A	NR	88.64%	+	Strength	High confidence
UHC	Meningococcal	Race	Black or African American	61	52	85.25%	N/A	NR	86.25%	–	∅	High confidence
UHC	Meningococcal	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Asian	33	32	96.97%	N/A	NR	95.58%	+	∅	High confidence
UHC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	90.61%	NR	∅	High confidence
UHC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Race	Asked but No Answer	0	0	N/A	N/A	NR	84.11%	NR	∅	High confidence
UHC	Meningococcal	Race	Unknown	76	71	93.42%	N/A	NR	87.68%	+	Strength	High confidence
UHC	Meningococcal	Ethnicity	Hispanic or Latino	69	64	92.75%	N/A	NR	90.73%	+	∅	High confidence
UHC	Meningococcal	Ethnicity	Not Hispanic or Latino	342	313	91.52%	N/A	NR	89.57%	+	∅	High confidence
UHC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Meningococcal	Ethnicity	Unknown	0	0	N/A	N/A	NR	86.41%	NR	∅	High confidence
UHC	Tdap	Race	White	239	220	92.05%	N/A	NR	89.13%	+	∅	High confidence
UHC	Tdap	Race	Black or African American	61	53	86.89%	N/A	NR	86.91%	n.s.	∅	High confidence
UHC	Tdap	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Asian	33	31	93.94%	N/A	NR	94.66%	–	∅	High confidence
UHC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	∅	High confidence
UHC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Race	Asked but No Answer	0	0	N/A	N/A	NR	85.21%	NR	∅	High confidence
UHC	Tdap	Race	Unknown	76	71	93.42%	N/A	NR	88.18%	+	Strength	High confidence
UHC	Tdap	Ethnicity	Hispanic or Latino	69	64	92.75%	N/A	NR	91.07%	+	∅	High confidence
UHC	Tdap	Ethnicity	Not Hispanic or Latino	342	313	91.52%	N/A	NR	89.93%	+	∅	High confidence
UHC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Tdap	Ethnicity	Unknown	0	0	N/A	N/A	NR	86.97%	NR	∅	High confidence
UHC	HPV	Race	White	239	86	35.98%	N/A	NR	33.50%	+	∅	High confidence
UHC	HPV	Race	Black or African American	61	24	39.34%	N/A	NR	43.55%	–	Opportunity	High confidence
UHC	HPV	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Asian	33	21	63.64%	N/A	NR	60.97%	+	∅	High confidence
UHC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	44.54%	NR	∅	High confidence
UHC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	HPV	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	∅	High confidence
UHC	HPV	Race	Unknown	76	37	48.68%	N/A	NR	34.22%	+	Strength	High confidence
UHC	HPV	Ethnicity	Hispanic or Latino	69	40	57.97%	N/A	NR	54.79%	+	Strength	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	HPV	Ethnicity	Not Hispanic or Latino	342	130	38.01%	N/A	NR	36.32%	+	Ø	High confidence
UHC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	HPV	Ethnicity	Unknown	0	0	N/A	N/A	NR	33.24%	NR	Ø	High confidence
UHC	Combination 1	Race	White	239	219	91.63%	N/A	NR	87.88%	+	Strength	High confidence
UHC	Combination 1	Race	Black or African American	61	52	85.25%	N/A	NR	86.02%	–	Ø	High confidence
UHC	Combination 1	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 1	Race	Asian	33	31	93.94%	N/A	NR	94.66%	–	Ø	High confidence
UHC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
UHC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 1	Race	Asked but No Answer	0	0	N/A	N/A	NR	82.78%	NR	Ø	High confidence
UHC	Combination 1	Race	Unknown	76	71	93.42%	N/A	NR	87.12%	+	Strength	High confidence
UHC	Combination 1	Ethnicity	Hispanic or Latino	69	64	92.75%	N/A	NR	90.73%	+	Ø	High confidence
UHC	Combination 1	Ethnicity	Not Hispanic or Latino	342	311	90.94%	N/A	NR	88.83%	+	Ø	High confidence
UHC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 1	Ethnicity	Unknown	0	0	N/A	N/A	NR	85.76%	NR	Ø	High confidence
UHC	Combination 2	Race	White	239	86	35.98%	N/A	NR	33.03%	+	Ø	High confidence
UHC	Combination 2	Race	Black or African American	61	24	39.34%	N/A	NR	43.16%	–	Opportunity	High confidence
UHC	Combination 2	Race	American Indian or Alaska Native	2	2	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 2	Race	Asian	33	21	63.64%	N/A	NR	60.97%	+	Ø	High confidence
UHC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	43.83%	NR	Ø	High confidence
UHC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 2	Race	Asked but No Answer	0	0	N/A	N/A	NR	23.64%	NR	Ø	High confidence
UHC	Combination 2	Race	Unknown	76	37	48.68%	N/A	NR	33.78%	+	Strength	High confidence
UHC	Combination 2	Ethnicity	Hispanic or Latino	69	40	57.97%	N/A	NR	54.79%	+	Strength	High confidence
UHC	Combination 2	Ethnicity	Not Hispanic or Latino	342	130	38.01%	N/A	NR	35.88%	+	Ø	High confidence
UHC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UHC	Combination 2	Ethnicity	Unknown	0	0	N/A	N/A	NR	32.88%	NR	Ø	High confidence
UPMC	Meningococcal	Race	White	764	665	87.04%	N/A	NR	88.64%	–	Ø	High confidence
UPMC	Meningococcal	Race	Black or African American	99	89	89.90%	N/A	NR	86.25%	+	Strength	High confidence
UPMC	Meningococcal	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Meningococcal	Race	Asian	37	37	100.00%	N/A	NR	95.58%	+	Strength	High confidence
UPMC	Meningococcal	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Meningococcal	Race	Some Other Race	0	0	N/A	N/A	NR	90.61%	NR	Ø	High confidence
UPMC	Meningococcal	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Meningococcal	Race	Asked but No Answer	69	60	86.96%	N/A	NR	84.11%	+	Ø	High confidence
UPMC	Meningococcal	Race	Unknown	565	495	87.61%	N/A	NR	87.68%	–	Ø	High confidence
UPMC	Meningococcal	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	90.73%	–	Ø	High confidence
UPMC	Meningococcal	Ethnicity	Not Hispanic or Latino	916	805	87.88%	N/A	NR	89.57%	–	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Meningococcal	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Meningococcal	Ethnicity	Unknown	575	502	87.30%	N/A	NR	86.41%	+	Ø	High confidence
UPMC	Tdap	Race	White	764	672	87.96%	N/A	NR	89.13%	–	Ø	High confidence
UPMC	Tdap	Race	Black or African American	99	90	90.91%	N/A	NR	86.91%	+	Strength	High confidence
UPMC	Tdap	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Tdap	Race	Asian	37	37	100.00%	N/A	NR	94.66%	+	Strength	High confidence
UPMC	Tdap	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Tdap	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
UPMC	Tdap	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Tdap	Race	Asked but No Answer	69	61	88.41%	N/A	NR	85.21%	+	Strength	High confidence
UPMC	Tdap	Race	Unknown	565	500	88.50%	N/A	NR	88.18%	+	Ø	High confidence
UPMC	Tdap	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	91.07%	–	Ø	High confidence
UPMC	Tdap	Ethnicity	Not Hispanic or Latino	916	814	88.86%	N/A	NR	89.93%	–	Ø	High confidence
UPMC	Tdap	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Tdap	Ethnicity	Unknown	575	507	88.17%	N/A	NR	86.97%	+	Ø	High confidence
UPMC	HPV	Race	White	764	266	34.82%	N/A	NR	33.50%	+	Ø	High confidence
UPMC	HPV	Race	Black or African American	99	48	48.48%	N/A	NR	43.55%	+	Strength	High confidence
UPMC	HPV	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	HPV	Race	Asian	37	25	67.57%	N/A	NR	60.97%	+	Strength	High confidence
UPMC	HPV	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	HPV	Race	Some Other Race	0	0	N/A	N/A	NR	44.54%	NR	Ø	High confidence
UPMC	HPV	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	HPV	Race	Asked but No Answer	69	25	36.23%	N/A	NR	23.64%	+	Strength	High confidence
UPMC	HPV	Race	Unknown	565	186	32.92%	N/A	NR	34.22%	–	Ø	High confidence
UPMC	HPV	Ethnicity	Hispanic or Latino	44	25	56.82%	N/A	NR	54.79%	+	Ø	High confidence
UPMC	HPV	Ethnicity	Not Hispanic or Latino	916	337	36.79%	N/A	NR	36.32%	+	Ø	High confidence
UPMC	HPV	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	HPV	Ethnicity	Unknown	575	188	32.70%	N/A	NR	33.24%	–	Ø	High confidence
UPMC	Combination 1	Race	White	764	661	86.52%	N/A	NR	87.88%	–	Ø	High confidence
UPMC	Combination 1	Race	Black or African American	99	89	89.90%	N/A	NR	86.02%	+	Strength	High confidence
UPMC	Combination 1	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 1	Race	Asian	37	37	100.00%	N/A	NR	94.66%	+	Strength	High confidence
UPMC	Combination 1	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 1	Race	Some Other Race	0	0	N/A	N/A	NR	89.89%	NR	Ø	High confidence
UPMC	Combination 1	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 1	Race	Asked but No Answer	69	60	86.96%	N/A	NR	82.78%	+	Strength	High confidence
UPMC	Combination 1	Race	Unknown	565	493	87.26%	N/A	NR	87.12%	+	Ø	High confidence
UPMC	Combination 1	Ethnicity	Hispanic or Latino	44	39	88.64%	N/A	NR	90.73%	–	Ø	High confidence
UPMC	Combination 1	Ethnicity	Not Hispanic or Latino	916	801	87.45%	N/A	NR	88.83%	–	Ø	High confidence
UPMC	Combination 1	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Combination 1	Ethnicity	Unknown	575	500	86.96%	N/A	NR	85.76%	+	Ø	High confidence
UPMC	Combination 2	Race	White	764	260	34.03%	N/A	NR	33.03%	+	Ø	High confidence
UPMC	Combination 2	Race	Black or African American	99	47	47.47%	N/A	NR	43.16%	+	Strength	High confidence
UPMC	Combination 2	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 2	Race	Asian	37	25	67.57%	N/A	NR	60.97%	+	Strength	High confidence
UPMC	Combination 2	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 2	Race	Some Other Race	0	0	N/A	N/A	NR	43.83%	NR	Ø	High confidence
UPMC	Combination 2	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 2	Race	Asked but No Answer	69	25	36.23%	N/A	NR	23.64%	+	Strength	High confidence
UPMC	Combination 2	Race	Unknown	565	182	32.21%	N/A	NR	33.78%	–	Ø	High confidence
UPMC	Combination 2	Ethnicity	Hispanic or Latino	44	25	56.82%	N/A	NR	54.79%	+	Ø	High confidence
UPMC	Combination 2	Ethnicity	Not Hispanic or Latino	916	330	36.03%	N/A	NR	35.88%	+	Ø	High confidence
UPMC	Combination 2	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	Ø	High confidence
UPMC	Combination 2	Ethnicity	Unknown	575	184	32.00%	N/A	NR	32.88%	–	Ø	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

Tdap: tetanus, diphtheria toxoids and acellular pertussis; HPV: human papillomavirus; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 48: Lead Screening in Children Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Lead Screening in Children	Hybrid	2	258	172	66.67%	67.12%	–	70.08%	–	Opportunity	High confidence
CBC	Lead Screening in Children	Hybrid	2	95	56	58.95%	61.54%	–	70.08%	–	Opportunity	High confidence
GEI	Lead Screening in Children	Hybrid	2	162	101	62.35%	64.66%	–	70.08%	–	Opportunity	High confidence
HPP	Lead Screening in Children	Hybrid	2	99	61	61.62%	64.06%	–	70.08%	–	Opportunity	High confidence
HHK	Lead Screening in Children	Hybrid	2	175	125	71.43%	73.65%	–	70.08%	+	Ø	High confidence
IBC	Lead Screening in Children	Hybrid	2	136	81	59.56%	55.70%	+	70.08%	–	Opportunity	High confidence
UHC	Lead Screening in Children	Hybrid	2	249	182	73.09%	69.14%	+	70.08%	+	Strength	High confidence
UPMC	Lead Screening in Children	Hybrid	2	411	331	80.54%	79.26%	+	70.08%	+	Strength	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 49: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	BMI percentile	Hybrid	3-11	237	213	89.87%	87.44%	+	87.28%	+	∅	High confidence
ABH	BMI percentile	Hybrid	12-17	174	160	91.95%	85.11%	+	87.24%	+	Strength	High confidence
ABH	BMI percentile	Hybrid	Total	411	373	90.75%	86.37%	+	87.31%	+	Strength	High confidence
ABH	Counseling for Nutrition	Hybrid	3-11	237	207	87.34%	79.82%	+	79.37%	+	Strength	High confidence
ABH	Counseling for Nutrition	Hybrid	12-17	174	145	83.33%	76.06%	+	79.00%	+	Strength	High confidence
ABH	Counseling for Nutrition	Hybrid	Total	411	352	85.64%	78.10%	+	79.25%	+	Strength	High confidence
ABH	Counseling for Physical Activity	Hybrid	3-11	237	204	86.08%	77.58%	+	77.27%	+	Strength	High confidence
ABH	Counseling for Physical Activity	Hybrid	12-17	174	149	85.63%	76.06%	+	79.79%	+	Strength	High confidence
ABH	Counseling for Physical Activity	Hybrid	Total	411	353	85.89%	76.89%	+	78.53%	+	Strength	High confidence
CBC	BMI percentile	Hybrid	3-11	169	132	78.11%	82.22%	–	87.28%	–	Opportunity	High confidence
CBC	BMI percentile	Hybrid	12-17	159	114	71.70%	82.22%	–	87.24%	–	Opportunity	High confidence
CBC	BMI percentile	Hybrid	Total	328	246	75.00%	82.22%	–	87.31%	–	Opportunity	High confidence
CBC	Counseling for Nutrition	Hybrid	3-11	169	122	72.19%	76.11%	–	79.37%	–	Opportunity	High confidence
CBC	Counseling for Nutrition	Hybrid	12-17	159	104	65.41%	73.89%	–	79.00%	–	Opportunity	High confidence
CBC	Counseling for Nutrition	Hybrid	Total	328	226	68.90%	75.00%	–	79.25%	–	Opportunity	High confidence
CBC	Counseling for Physical Activity	Hybrid	3-11	169	120	71.01%	70.00%	+	77.27%	–	Opportunity	High confidence
CBC	Counseling for Physical Activity	Hybrid	12-17	159	104	65.41%	76.67%	–	79.79%	–	Opportunity	High confidence
CBC	Counseling for Physical Activity	Hybrid	Total	328	224	68.29%	73.33%	–	78.53%	–	Opportunity	High confidence
GEI	BMI percentile	Hybrid	3-11	223	193	86.55%	78.14%	+	87.28%	–	∅	High confidence
GEI	BMI percentile	Hybrid	12-17	188	170	90.43%	81.76%	+	87.24%	+	Strength	High confidence
GEI	BMI percentile	Hybrid	Total	411	363	88.32%	79.82%	+	87.31%	+	∅	High confidence
GEI	Counseling for Nutrition	Hybrid	3-11	223	174	78.03%	68.85%	+	79.37%	–	∅	High confidence
GEI	Counseling for Nutrition	Hybrid	12-17	188	156	82.98%	72.96%	+	79.00%	+	Strength	High confidence
GEI	Counseling for Nutrition	Hybrid	Total	411	330	80.29%	70.76%	+	79.25%	+	∅	High confidence
GEI	Counseling for Physical Activity	Hybrid	3-11	223	173	77.58%	67.76%	+	77.27%	+	∅	High confidence
GEI	Counseling for Physical Activity	Hybrid	12-17	188	158	84.04%	74.21%	+	79.79%	+	Strength	High confidence
GEI	Counseling for Physical Activity	Hybrid	Total	411	331	80.54%	70.76%	+	78.53%	+	∅	High confidence
HPP	BMI percentile	Hybrid	3-11	161	133	82.61%	85.63%	–	87.28%	–	Opportunity	High confidence
HPP	BMI percentile	Hybrid	12-17	144	109	75.69%	77.14%	–	87.24%	–	Opportunity	High confidence
HPP	BMI percentile	Hybrid	Total	305	242	79.34%	81.19%	–	87.31%	–	Opportunity	High confidence
HPP	Counseling for Nutrition	Hybrid	3-11	161	111	68.94%	78.13%	–	79.37%	–	Opportunity	High confidence
HPP	Counseling for Nutrition	Hybrid	12-17	144	100	69.44%	81.14%	–	79.00%	–	Opportunity	High confidence
HPP	Counseling for Nutrition	Hybrid	Total	305	211	69.18%	79.70%	–	79.25%	–	Opportunity	High confidence
HPP	Counseling for Physical Activity	Hybrid	3-11	161	101	62.73%	71.25%	–	77.27%	–	Opportunity	High confidence
HPP	Counseling for Physical Activity	Hybrid	12-17	144	99	68.75%	80.57%	–	79.79%	–	Opportunity	High confidence
HPP	Counseling for Physical Activity	Hybrid	Total	305	200	65.57%	76.12%	–	78.53%	–	Opportunity	High confidence
HHK	BMI percentile	Hybrid	3-11	137	122	89.05%	86.96%	+	87.28%	+	∅	High confidence
HHK	BMI percentile	Hybrid	12-17	159	142	89.31%	83.70%	+	87.24%	+	∅	High confidence
HHK	BMI percentile	Hybrid	Total	296	264	89.19%	85.16%	+	87.31%	+	∅	High confidence
HHK	Counseling for Nutrition	Hybrid	3-11	137	111	81.02%	80.98%	n.s.	79.37%	+	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
HHK	Counseling for Nutrition	Hybrid	12-17	159	122	76.73%	77.97%	–	79.00%	–	Ø	High confidence
HHK	Counseling for Nutrition	Hybrid	Total	296	233	78.72%	79.32%	–	79.25%	–	Ø	High confidence
HHK	Counseling for Physical Activity	Hybrid	3-11	137	108	78.83%	77.17%	+	77.27%	+	Ø	High confidence
HHK	Counseling for Physical Activity	Hybrid	12-17	159	123	77.36%	77.97%	–	79.79%	–	Ø	High confidence
HHK	Counseling for Physical Activity	Hybrid	Total	296	231	78.04%	77.62%	+	78.53%	–	Ø	High confidence
IBC	BMI percentile	Hybrid	3-11	128	113	88.28%	85.47%	+	87.28%	+	Ø	High confidence
IBC	BMI percentile	Hybrid	12-17	132	111	84.09%	87.97%	–	87.24%	–	Opportunity	High confidence
IBC	BMI percentile	Hybrid	Total	260	224	86.15%	86.80%	n.s.	87.31%	–	Ø	High confidence
IBC	Counseling for Nutrition	Hybrid	3-11	128	104	81.25%	80.34%	+	79.37%	+	Ø	High confidence
IBC	Counseling for Nutrition	Hybrid	12-17	132	103	78.03%	86.47%	+	79.00%	–	Ø	High confidence
IBC	Counseling for Nutrition	Hybrid	Total	260	207	79.62%	83.60%	+	79.25%	+	Ø	High confidence
IBC	Counseling for Physical Activity	Hybrid	3-11	128	101	78.91%	75.21%	+	77.27%	+	Ø	High confidence
IBC	Counseling for Physical Activity	Hybrid	12-17	132	104	78.79%	87.22%	–	79.79%	–	Ø	High confidence
IBC	Counseling for Physical Activity	Hybrid	Total	260	205	78.85%	81.60%	–	78.53%	+	Ø	High confidence
UHC	BMI percentile	Hybrid	3-11	210	190	90.48%	86.11%	+	87.28%	+	Strength	High confidence
UHC	BMI percentile	Hybrid	12-17	201	184	91.54%	85.64%	+	87.24%	+	Strength	High confidence
UHC	BMI percentile	Hybrid	Total	411	374	91.00%	85.89%	+	87.31%	+	Strength	High confidence
UHC	Counseling for Nutrition	Hybrid	3-11	210	160	76.19%	80.09%	–	79.37%	–	Opportunity	High confidence
UHC	Counseling for Nutrition	Hybrid	12-17	201	159	79.10%	78.46%	+	79.00%	+	Ø	High confidence
UHC	Counseling for Nutrition	Hybrid	Total	411	319	77.62%	79.32%	–	79.25%	–	Ø	High confidence
UHC	Counseling for Physical Activity	Hybrid	3-11	210	153	72.86%	80.09%	–	77.27%	–	Opportunity	High confidence
UHC	Counseling for Physical Activity	Hybrid	12-17	201	161	80.10%	80.51%	–	79.79%	+	Ø	High confidence
UHC	Counseling for Physical Activity	Hybrid	Total	411	314	76.40%	80.29%	–	78.53%	–	Ø	High confidence
UPMC	BMI percentile	Hybrid	3-11	163	142	87.12%	86.76%	+	87.28%	–	Ø	High confidence
UPMC	BMI percentile	Hybrid	12-17	142	127	89.44%	82.10%	+	87.24%	+	Ø	High confidence
UPMC	BMI percentile	Hybrid	Total	305	269	88.20%	84.70%	+	87.31%	+	Ø	High confidence
UPMC	Counseling for Nutrition	Hybrid	3-11	163	132	80.98%	80.88%	+	79.37%	+	Ø	High confidence
UPMC	Counseling for Nutrition	Hybrid	12-17	142	119	83.80%	75.93%	+	79.00%	+	Strength	High confidence
UPMC	Counseling for Nutrition	Hybrid	Total	305	251	82.30%	78.69%	+	79.25%	+	Strength	High confidence
UPMC	Counseling for Physical Activity	Hybrid	3-11	163	129	79.14%	77.94%	+	77.27%	+	Ø	High confidence
UPMC	Counseling for Physical Activity	Hybrid	12-17	142	120	84.51%	75.31%	+	79.79%	+	Strength	High confidence
UPMC	Counseling for Physical Activity	Hybrid	Total	305	249	81.64%	76.78%	+	78.53%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

BMI: body mass index; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Respiratory Conditions

The measures in the Respiratory Conditions category are listed in **Table 50**, followed by the measure data in **Tables 51–53**.

Table 50: Respiratory Conditions Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Appropriate Testing for Pharyngitis	-	Reported as HEDIS-audited measure	This measure assesses the percentage of episodes for members 3 years of age and older for which the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	N/A	Ages 3–17 years, ages 18–19 years, and total ages
NCQA	Asthma Medication Ratio	✓	Reported as HEDIS-audited measure	This measure assesses the percentage of members ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.	N/A	Ages 5–11 years, ages 12–18 years, 19 years, and total ages

NCQA: National Committee for Quality Assurance; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; N/A: not applicable.

Table 51: Appropriate Testing for Pharyngitis Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Appropriate Testing for Pharyngitis	Administrative	3-17	1,083	986	91.04%	82.75%	+	90.02%	+	Ø	High confidence
ABH	Appropriate Testing for Pharyngitis	Administrative	18-19	25	22	N/A	77.27%	NR	81.52%	NR	Ø	High confidence
ABH	Appropriate Testing for Pharyngitis	Administrative	Total	1,108	1,008	90.97%	82.42%	+	89.73%	+	Ø	High confidence
CBC	Appropriate Testing for Pharyngitis	Administrative	3-17	873	763	87.40%	81.67%	+	90.02%	–	Ø	High confidence
CBC	Appropriate Testing for Pharyngitis	Administrative	18-19	21	17	N/A	82.61%	NR	81.52%	NR	Ø	High confidence
CBC	Appropriate Testing for Pharyngitis	Administrative	Total	894	780	87.25%	81.74%	+	89.73%	–	Ø	High confidence
GEI	Appropriate Testing for Pharyngitis	Administrative	3-17	1,276	1,094	85.74%	76.61%	+	90.02%	–	Opportunity	High confidence
GEI	Appropriate Testing for Pharyngitis	Administrative	18-19	52	42	80.77%	76.67%	+	81.52%	–	Ø	High confidence
GEI	Appropriate Testing for Pharyngitis	Administrative	Total	1,328	1,136	85.54%	76.61%	+	89.73%	–	Opportunity	High confidence
HPP	Appropriate Testing for Pharyngitis	Administrative	3-17	443	406	91.65%	87.58%	+	90.02%	+	Ø	High confidence
HPP	Appropriate Testing for Pharyngitis	Administrative	18-19	19	14	N/A	81.82%	NR	81.52%	NR	Ø	High confidence
HPP	Appropriate Testing for Pharyngitis	Administrative	Total	462	420	90.91%	87.20%	+	89.73%	+	Ø	High confidence
HHK	Appropriate Testing for Pharyngitis	Administrative	3-17	1,796	1,612	89.76%	78.12%	+	90.02%	–	Ø	High confidence
HHK	Appropriate Testing for Pharyngitis	Administrative	18-19	71	57	80.28%	76.19%	+	81.52%	–	Ø	High confidence
HHK	Appropriate Testing for Pharyngitis	Administrative	Total	1,867	1,669	89.39%	77.96%	+	89.73%	–	Ø	High confidence
IBC	Appropriate Testing for Pharyngitis	Administrative	3-17	792	725	91.54%	83.99%	+	90.02%	+	Ø	High confidence
IBC	Appropriate Testing for Pharyngitis	Administrative	18-19	32	22	68.75%	N/A	NR	81.52%	–	Opportunity	High confidence
IBC	Appropriate Testing for Pharyngitis	Administrative	Total	824	747	90.66%	84.19%	+	89.73%	+	Ø	High confidence
UHC	Appropriate Testing for Pharyngitis	Administrative	3-17	1,900	1,692	89.05%	81.65%	+	90.02%	–	Ø	High confidence
UHC	Appropriate Testing for Pharyngitis	Administrative	18-19	65	48	73.85%	84.75%	–	81.52%	–	Opportunity	High confidence
UHC	Appropriate Testing for Pharyngitis	Administrative	Total	1,965	1,740	88.55%	81.91%	+	89.73%	–	Ø	High confidence
UPMC	Appropriate Testing for Pharyngitis	Administrative	3-17	3,466	3,190	92.04%	82.01%	+	90.02%	+	Ø	High confidence
UPMC	Appropriate Testing for Pharyngitis	Administrative	18-19	121	109	90.08%	73.68%	+	81.52%	+	Strength	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Appropriate Testing for Pharyngitis	Administrative	Total	3,587	3,299	91.97%	81.51%	+	89.73%	+	Ø	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 52: Asthma Medication Ratio Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Asthma Medication Ratio	Administrative	5-11	31	15	48.39%	57.75%	–	78.46%	–	Opportunity	High confidence
ABH	Asthma Medication Ratio	Administrative	12-18	49	33	67.35%	58.33%	+	75.30%	–	Opportunity	High confidence
ABH	Asthma Medication Ratio	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	NR	High confidence
ABH	Asthma Medication Ratio	Administrative	Total	80	48	60.00%	58.58%	+	76.37%	–	Opportunity	High confidence
CBC	Asthma Medication Ratio	Administrative	5-11	35	26	74.29%	86.21%	–	78.46%	–	Opportunity	High confidence
CBC	Asthma Medication Ratio	Administrative	12-18	43	34	79.07%	89.23%	–	75.30%	+	Strength	High confidence
CBC	Asthma Medication Ratio	Administrative	19	1	0	N/A	N/A	NR	N/A	NR	NR	High confidence
CBC	Asthma Medication Ratio	Administrative	Total	79	60	75.95%	87.80%	–	76.37%	–	Ø	High confidence
GEI	Asthma Medication Ratio	Administrative	5-11	33	31	93.94%	91.49%	+	78.46%	+	Strength	High confidence
GEI	Asthma Medication Ratio	Administrative	12-18	43	34	79.07%	77.27%	+	75.30%	+	Strength	High confidence
GEI	Asthma Medication Ratio	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	NR	High confidence
GEI	Asthma Medication Ratio	Administrative	Total	77	66	85.71%	83.87%	+	76.37%	+	Strength	High confidence
HPP	Asthma Medication Ratio	Administrative	5-11	26	17	N/A	76.00%	NR	78.46%	NR	Ø	High confidence
HPP	Asthma Medication Ratio	Administrative	12-18	32	23	71.88%	75.00%	–	75.30%	–	Opportunity	High confidence
HPP	Asthma Medication Ratio	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	NR	High confidence
HPP	Asthma Medication Ratio	Administrative	Total	58	40	68.97%	75.73%	–	76.37%	–	Opportunity	High confidence
HHK	Asthma Medication Ratio	Administrative	5-11	43	37	86.05%	83.64%	+	78.46%	+	Strength	High confidence
HHK	Asthma Medication Ratio	Administrative	12-18	51	40	78.43%	73.86%	+	75.30%	+	Strength	High confidence
HHK	Asthma Medication Ratio	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	NR	High confidence
HHK	Asthma Medication Ratio	Administrative	Total	95	78	82.11%	77.24%	+	76.37%	+	Strength	High confidence
IBC	Asthma Medication Ratio	Administrative	5-11	52	27	51.92%	84.93%	NR	78.46%	–	Opportunity	High confidence
IBC	Asthma Medication Ratio	Administrative	12-18	63	43	68.25%	82.00%	NR	75.30%	–	Opportunity	High confidence
IBC	Asthma Medication Ratio	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	NR	High confidence
IBC	Asthma Medication Ratio	Administrative	Total	115	70	60.87%	83.24%	NR	76.37%	–	Opportunity	High confidence
UHC	Asthma Medication Ratio	Administrative	5-11	89	71	79.78%	74.51%	+	78.46%	+	Ø	High confidence
UHC	Asthma Medication Ratio	Administrative	12-18	91	60	65.93%	64.34%	+	75.30%	–	Opportunity	High confidence
UHC	Asthma Medication Ratio	Administrative	19	0	0	N/A	N/A	NR	N/A	NR	NR	High confidence
UHC	Asthma Medication Ratio	Administrative	Total	180	131	72.78%	68.53%	+	76.37%	–	Opportunity	High confidence
UPMC	Asthma Medication Ratio	Administrative	5-11	107	99	92.52%	94.57%	–	78.46%	+	Strength	High confidence
UPMC	Asthma Medication Ratio	Administrative	12-18	122	105	86.07%	82.19%	+	75.30%	+	Strength	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UPMC	Asthma Medication Ratio	Administrative	19	1	1	N/A	N/A	NR	N/A	NR	NR	High confidence
UPMC	Asthma Medication Ratio	Administrative	Total	230	205	89.13%	86.97%	+	76.37%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 53: Asthma Medication Ratio Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Asthma Medication Ratio	Race	White	30	16	53.33%	N/A	NR	78.64%	–	Opportunity	High confidence
ABH	Asthma Medication Ratio	Race	Black or African American	27	21	N/A	N/A	NR	44.74%	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Asian	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Race	Unknown	20	8	N/A	N/A	NR	82.95%	NR	∅	High confidence
ABH	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	72.73%	NR	∅	High confidence
ABH	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	0	0	N/A	N/A	NR	77.51%	NR	∅	High confidence
ABH	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
ABH	Asthma Medication Ratio	Ethnicity	Unknown	79	47	59.49%	N/A	NR	74.10%	–	Opportunity	High confidence
CBC	Asthma Medication Ratio	Race	White	74	57	77.03%	N/A	NR	78.64%	–	∅	High confidence
CBC	Asthma Medication Ratio	Race	Black or African American	0	0	N/A	N/A	NR	44.74%	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Some Other Race	4	2	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Race	Unknown	1	1	N/A	N/A	NR	82.95%	NR	∅	High confidence
CBC	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	4	2	N/A	N/A	NR	72.73%	NR	∅	High confidence
CBC	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	74	57	77.03%	N/A	NR	77.51%	–	∅	High confidence
CBC	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
CBC	Asthma Medication Ratio	Ethnicity	Unknown	1	1	N/A	N/A	NR	74.10%	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	White	52	44	84.62%	N/A	NR	78.64%	+	Strength	High confidence
GEI	Asthma Medication Ratio	Race	Black or African American	4	2	N/A	N/A	NR	44.74%	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
GEI	Asthma Medication Ratio	Race	Asian	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	Two or More Races	1	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	Asked but No Answer	13	13	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Race	Unknown	5	5	N/A	N/A	NR	82.95%	NR	∅	High confidence
GEI	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	6	6	N/A	N/A	NR	72.73%	NR	∅	High confidence
GEI	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	52	41	78.85%	N/A	NR	77.51%	+	∅	High confidence
GEI	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
GEI	Asthma Medication Ratio	Ethnicity	Unknown	19	19	N/A	N/A	NR	74.10%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	White	13	9	N/A	N/A	NR	78.64%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Black or African American	22	14	N/A	N/A	NR	44.74%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Asian	7	5	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Some Other Race	15	11	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Race	Unknown	1	1	N/A	N/A	NR	82.95%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	72.73%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	2	1	N/A	N/A	NR	77.51%	NR	∅	High confidence
HPP	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HPP	Asthma Medication Ratio	Ethnicity	Unknown	56	39	69.64%	N/A	NR	74.10%	–	Opportunity	High confidence
HHK	Asthma Medication Ratio	Race	White	2	2	N/A	N/A	NR	78.64%	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Black or African American	0	0	N/A	N/A	NR	44.74%	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Asian	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Race	Unknown	93	76	81.72%	N/A	NR	82.95%	–	∅	High confidence
HHK	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	72.73%	NR	∅	High confidence
HHK	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	1	1	N/A	N/A	NR	77.51%	NR	∅	High confidence
HHK	Asthma Medication Ratio	Ethnicity	Asked but No Answer	1	1	N/A	N/A	NR	N/A	NR	∅	High confidence
HHK	Asthma Medication Ratio	Ethnicity	Unknown	93	76	81.72%	N/A	NR	74.10%	+	Strength	High confidence
IBC	Asthma Medication Ratio	Race	White	50	27	54.00%	N/A	NR	78.64%	–	Opportunity	High confidence
IBC	Asthma Medication Ratio	Race	Black or African American	29	20	N/A	N/A	NR	44.74%	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	Asian	3	3	N/A	N/A	NR	N/A	NR	∅	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
IBC	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	Some Other Race	9	5	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Race	Unknown	24	15	N/A	N/A	NR	82.95%	NR	∅	High confidence
IBC	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	24	15	N/A	N/A	NR	72.73%	NR	∅	High confidence
IBC	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	91	55	60.44%	N/A	NR	77.51%	–	Opportunity	High confidence
IBC	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
IBC	Asthma Medication Ratio	Ethnicity	Unknown	0	0	N/A	N/A	NR	74.10%	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	White	98	80	81.63%	N/A	NR	78.64%	+	∅	High confidence
UHC	Asthma Medication Ratio	Race	Black or African American	38	17	44.74%	N/A	NR	44.74%	n.s.	∅	High confidence
UHC	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Asian	9	6	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Race	Unknown	35	28	80.00%	N/A	NR	82.95%	–	∅	High confidence
UHC	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	33	24	72.73%	N/A	NR	72.73%	n.s.	∅	High confidence
UHC	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	147	107	72.79%	N/A	NR	77.51%	–	Opportunity	High confidence
UHC	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UHC	Asthma Medication Ratio	Ethnicity	Unknown	0	0	N/A	N/A	NR	74.10%	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	White	150	133	88.67%	N/A	NR	78.64%	+	Strength	High confidence
UPMC	Asthma Medication Ratio	Race	Black or African American	20	19	N/A	N/A	NR	44.74%	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Asian	2	2	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Some Other Race	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Two or More Races	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Asked but No Answer	10	9	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Race	Unknown	48	42	87.50%	N/A	NR	82.95%	+	Strength	High confidence
UPMC	Asthma Medication Ratio	Ethnicity	Hispanic or Latino	6	4	N/A	N/A	NR	72.73%	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Ethnicity	Not Hispanic or Latino	174	157	90.23%	N/A	NR	77.51%	+	Strength	High confidence
UPMC	Asthma Medication Ratio	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	N/A	NR	∅	High confidence
UPMC	Asthma Medication Ratio	Ethnicity	Unknown	50	44	88.00%	N/A	NR	74.10%	+	Strength	High confidence

<sup>1</sup>For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup>For comparison of MY 2023 rates to CHIP WA rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.



Utilization

The measures in the Utilization category are listed in **Table 54**, followed by the measure data in **Tables 55–61**.

Table 54: Utilization Measure Descriptions

Measure Steward	Measure Name	Included in the CMS Core Set	Validation and Reporting	Measure Description	Measure(s) Stratifications Reported, as Applicable	Age Group(s) Reported
NCQA	Ambulatory Care	✓	Reported as HEDIS-audited measure	This measure summarizes utilization of ambulatory care in two categories: outpatient visits, including telehealth, and emergency department visits. Rates are calculated as a percentage of visit counts by member years.	Rate 1: Emergency department visits. Rate 2: Outpatient visits.	Less than 1 year of age, ages 1–9 years, ages 10–19 years, and total ages
PA CHIP	Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits	-	Measure is calculated by IPRO	This measure assesses the percentage of children and adolescents, ages 2–19 years, with an asthma diagnosis who have ≥ 1 emergency department visit during the MY. A lower rate indicates better performance.	N/A	Ages 2–19 years
NCQA	Child and Adolescent Well-Care Visit	-	Reported as HEDIS-audited measure	This measure assesses the percentage of enrolled members ages 3–21 years who had at least one comprehensive well-care visit with a primary care physician or an obstetrician/gynecologist (OB/GYN) during the MY.	N/A	Ages 3–11 years, ages 12–17 years, ages 18–19 years, and total ages
NCQA	Inpatient Utilization	-	Reported as HEDIS-audited measure	This measure summarizes utilization of acute inpatient care and services. Data are reported for the index hospital stays as: average length of stay, days per 1,000 member years, and discharges per 1,000 member years.	Rate 1: Maternity. Age cohorts: ages 10–19 years Rate 2: Surgery. Age cohorts: ages 1–9 years, ages 10–19 years, and total age groups Rate 3: Medicine. Age cohorts: ages 1–9 years, ages 10–19 years, and total age groups Rate 4: Total inpatient (the sum of maternity, surgery and medicine). Age cohorts: ages 1–9 years, ages 10–19 years, and total age groups	Age groups vary by the measure stratifications
NCQA	Well-Child Visits in the First 30 Months of Life	✓	Reported as HEDIS audited measure	This measure assesses the percentage of members who turned 30 months old during the MY, who were continuously enrolled from 31 days of age through 30 months of age, and who had a minimum number of well-child visits.	Rate 1: Received six or more well-child visits with a primary care physician during their first 15 months of life. Rate 2: Received two or more well-child visits for ages 15–30 months of life.	30 months of age

NCQA: National Committee for Quality Assurance; PA CHIP: Pennsylvania Children’s Health Insurance Program; CMS: Centers for Medicare and Medicaid Services; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MCO: managed care organization; N/A: not applicable

Table 55: Ambulatory Care Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Outpatient Visits/1,000 member years	Administrative	< 1	3,202	1,744	6,535.92	7,213.91	NR	NR	NR	∅	High confidence
ABH	Outpatient Visits/1,000 member years	Administrative	1-9	87,734	17,821	2,437.50	2,611.49	NR	NR	NR	∅	High confidence
ABH	Outpatient Visits/1,000 member years	Administrative	10-19	129,712	18,573	1,718.24	2,066.24	NR	NR	NR	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Outpatient Visits/1,000 member years	Administrative	Total	220,649	38,138	2,074.14	2,364.90	NR	NR	NR	Ø	High confidence
ABH	Emergency Dept Visits/1,000 member years	Administrative	< 1	3,202	100	374.77	453.77	NR	NR	NR	Ø	High confidence
ABH	Emergency Dept Visits/1,000 member years	Administrative	1-9	87,734	2,022	276.56	259.35	NR	NR	NR	Ø	High confidence
ABH	Emergency Dept Visits/1,000 member years	Administrative	10-19	129,712	2,217	205.10	201.20	NR	NR	NR	Ø	High confidence
ABH	Emergency Dept Visits/1,000 member years	Administrative	Total	220,649	4,339	235.98	227.90	NR	NR	NR	Ø	High confidence
CBC	Outpatient Visits/1,000 member years	Administrative	< 1	1,250	735	7,056.00	7,242.29	NR	NR	NR	Ø	High confidence
CBC	Outpatient Visits/1,000 member years	Administrative	1-9	44,462	9,765	2,635.51	2,607.34	NR	NR	NR	Ø	High confidence
CBC	Outpatient Visits/1,000 member years	Administrative	10-19	81,469	16,364	2,410.34	2,476.38	NR	NR	NR	Ø	High confidence
CBC	Outpatient Visits/1,000 member years	Administrative	Total	127,183	26,866	2,534.87	2,571.27	NR	NR	NR	Ø	High confidence
CBC	Emergency Dept Visits/1,000 member years	Administrative	< 1	1,250	32	307.20	440.53	NR	NR	NR	Ø	High confidence
CBC	Emergency Dept Visits/1,000 member years	Administrative	1-9	44,462	887	239.40	211.51	NR	NR	NR	Ø	High confidence
CBC	Emergency Dept Visits/1,000 member years	Administrative	10-19	81,469	1,344	197.96	195.76	NR	NR	NR	Ø	High confidence
CBC	Emergency Dept Visits/1,000 member years	Administrative	Total	127,183	2,263	213.52	203.80	NR	NR	NR	Ø	High confidence
GEI	Outpatient Visits/1,000 member years	Administrative	< 1	1,861	993	6,403.01	7,895.22	NR	NR	NR	Ø	High confidence
GEI	Outpatient Visits/1,000 member years	Administrative	1-9	62,983	15,930	3,035.10	3,325.79	NR	NR	NR	Ø	High confidence
GEI	Outpatient Visits/1,000 member years	Administrative	10-19	92,664	19,252	2,493.14	2,865.51	NR	NR	NR	Ø	High confidence
GEI	Outpatient Visits/1,000 member years	Administrative	Total	157,526	36,181	2,756.19	3,116.22	NR	NR	NR	Ø	High confidence
GEI	Emergency Dept Visits/1,000 member years	Administrative	< 1	1,861	49	315.96	443.76	NR	NR	NR	Ø	High confidence
GEI	Emergency Dept Visits/1,000 member years	Administrative	1-9	62,983	1,580	301.03	276.78	NR	NR	NR	Ø	High confidence
GEI	Emergency Dept Visits/1,000 member years	Administrative	10-19	92,664	1,778	230.25	230.13	NR	NR	NR	Ø	High confidence
GEI	Emergency Dept Visits/1,000 member years	Administrative	Total	157,526	3,408	259.61	251.16	NR	NR	NR	Ø	High confidence
HPP	Outpatient Visits/1,000 member years	Administrative	< 1	1,327	653	5,905.05	6,199.15	NR	NR	NR	Ø	High confidence
HPP	Outpatient Visits/1,000 member years	Administrative	1-9	42,178	7,246	2,061.55	2,152.20	NR	NR	NR	Ø	High confidence
HPP	Outpatient Visits/1,000 member years	Administrative	10-19	71,400	8,688	1,460.17	1,790.79	NR	NR	NR	Ø	High confidence
HPP	Outpatient Visits/1,000 member years	Administrative	Total	114,905	16,587	1,732.25	1,966.47	NR	NR	NR	Ø	High confidence
HPP	Emergency Dept Visits/1,000 member years	Administrative	< 1	1,327	50	452.15	510.64	NR	NR	NR	Ø	High confidence
HPP	Emergency Dept Visits/1,000 member years	Administrative	1-9	42,178	1,068	303.86	212.65	NR	NR	NR	Ø	High confidence
HPP	Emergency Dept Visits/1,000 member years	Administrative	10-19	71,400	1,146	192.61	182.23	NR	NR	NR	Ø	High confidence
HPP	Emergency Dept Visits/1,000 member years	Administrative	Total	114,905	2,264	236.44	196.51	NR	NR	NR	Ø	High confidence
HHK	Outpatient Visits/1,000 member years	Administrative	< 1	1,873	1,043	6,682.33	7,328.79	NR	NR	NR	Ø	High confidence
HHK	Outpatient Visits/1,000 member years	Administrative	1-9	74,036	19,596	3,176.18	3,093.10	NR	NR	NR	Ø	High confidence
HHK	Outpatient Visits/1,000 member years	Administrative	10-19	129,438	28,936	2,682.61	2,847.45	NR	NR	NR	Ø	High confidence
HHK	Outpatient Visits/1,000 member years	Administrative	Total	205,381	49,582	2,896.98	2,982.99	NR	NR	NR	Ø	High confidence
HHK	Emergency Dept Visits/1,000 member years	Administrative	< 1	1,873	65	416.44	413.97	NR	NR	NR	Ø	High confidence
HHK	Emergency Dept Visits/1,000 member years	Administrative	1-9	74,036	1,711	277.32	251.05	NR	NR	NR	Ø	High confidence
HHK	Emergency Dept Visits/1,000 member years	Administrative	10-19	129,438	2,433	225.56	212.07	NR	NR	NR	Ø	High confidence
HHK	Emergency Dept Visits/1,000 member years	Administrative	Total	205,381	4,211	246.04	227.89	NR	NR	NR	Ø	High confidence
IBC	Outpatient Visits/1,000 member years	Administrative	< 1	1,393	835	7,193.11	N/A	NR	NR	NR	Ø	High confidence
IBC	Outpatient Visits/1,000 member years	Administrative	1-9	50,773	10,874	2,570.03	N/A	NR	NR	NR	Ø	High confidence
IBC	Outpatient Visits/1,000 member years	Administrative	10-19	105,359	18,528	2,110.27	N/A	NR	NR	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
IBC	Outpatient Visits/1,000 member years	Administrative	Total	157,525	30,237	2,303.41	N/A	NR	NR	NR	Ø	High confidence
IBC	Emergency Dept Visits/1,000 member years	Administrative	< 1	1,393	81	697.77	N/A	NR	NR	NR	Ø	High confidence
IBC	Emergency Dept Visits/1,000 member years	Administrative	1-9	50,773	1,074	253.84	N/A	NR	NR	NR	Ø	High confidence
IBC	Emergency Dept Visits/1,000 member years	Administrative	10-19	105,359	1,701	193.74	N/A	NR	NR	NR	Ø	High confidence
IBC	Emergency Dept Visits/1,000 member years	Administrative	Total	157,525	2,856	217.57	N/A	NR	NR	NR	Ø	High confidence
UHC	Outpatient Visits/1,000 member years	Administrative	< 1	2,494	1,510	7,265.44	8,119.61	NR	NR	NR	Ø	High confidence
UHC	Outpatient Visits/1,000 member years	Administrative	1-9	94,561	24,303	3,084.10	2,994.53	NR	NR	NR	Ø	High confidence
UHC	Outpatient Visits/1,000 member years	Administrative	10-19	158,049	32,526	2,469.56	2,536.92	NR	NR	NR	Ø	High confidence
UHC	Outpatient Visits/1,000 member years	Administrative	Total	255,104	58,339	2,744.25	2,774.89	NR	NR	NR	Ø	High confidence
UHC	Emergency Dept Visits/1,000 member years	Administrative	< 1	2,494	102	490.78	478.45	NR	NR	NR	Ø	High confidence
UHC	Emergency Dept Visits/1,000 member years	Administrative	1-9	94,561	2,200	279.18	272.85	NR	NR	NR	Ø	High confidence
UHC	Emergency Dept Visits/1,000 member years	Administrative	10-19	158,049	2,960	224.74	223.54	NR	NR	NR	Ø	High confidence
UHC	Emergency Dept Visits/1,000 member years	Administrative	Total	255,104	5,262	247.52	244.87	NR	NR	NR	Ø	High confidence
UPMC	Outpatient Visits/1,000 member years	Administrative	< 1	4,447	3,797	10,246.00	11,509.20	NR	NR	NR	Ø	High confidence
UPMC	Outpatient Visits/1,000 member years	Administrative	1-9	131,548	46,456	4,237.78	4,066.30	NR	NR	NR	Ø	High confidence
UPMC	Outpatient Visits/1,000 member years	Administrative	10-19	201,080	54,638	3,260.67	3,383.46	NR	NR	NR	Ø	High confidence
UPMC	Outpatient Visits/1,000 member years	Administrative	Total	337,076	10,489	3,734.15	3,768.78	NR	NR	NR	Ø	High confidence
UPMC	Emergency Dept Visits/1,000 member years	Administrative	< 1	4,447	145	391.28	557.47	NR	NR	NR	Ø	High confidence
UPMC	Emergency Dept Visits/1,000 member years	Administrative	1-9	131,548	3,099	282.70	279.90	NR	NR	NR	Ø	High confidence
UPMC	Emergency Dept Visits/1,000 member years	Administrative	10-19	201,080	4,215	251.54	247.84	NR	NR	NR	Ø	High confidence
UPMC	Emergency Dept Visits/1,000 member years	Administrative	Total	337,076	7,459	265.54	264.86	NR	NR	NR	Ø	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

**Table 56: Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits Data**

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
ABH	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	1,011	129	12.76%	11.99%	+	9.23%	+	Opportunity	High confidence
CBC	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	414	25	6.04%	4.62%	+	9.23%	–	Strength	High confidence
GEI	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	906	88	9.71%	5.42%	+	9.23%	+	Ø	High confidence
HPP	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	468	57	12.18%	9.70%	+	9.23%	+	Ø	High confidence
HHK	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	738	51	6.91%	5.91%	+	9.23%	–	Ø	High confidence
IBC	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	662	56	8.46%	13.58%	–	9.23%	–	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate <sup>1</sup>	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA <sup>2</sup>	MCO Performance	Validation Rating
UHC	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	878	82	9.34%	10.32%	–	9.23%	+	∅	High confidence
UPMC	Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visits	Administrative	2-19	1,217	93	7.64%	8.40%	–	9.23%	–	∅	High confidence

<sup>1</sup> For comparison of MY 2023 rates to MY 2022 rates, statistically significant increases are indicated by “+,” statistically significant decreases by “–,” and no statistically significant change by “n.s.”

<sup>2</sup> For comparison of MY 2023 rates to MMC rates, the “+” denotes that the plan rate exceeds the CHIP WA rate, the “–” denotes that the plan rate falls below the CHIP WA rate, and “n.s.” denotes no statistically significant difference between the two rates.

ER: emergency room; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 57: Child and Adolescent Well-Care Visits Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Child and Adolescent Well-Care Visits	Administrative	3-11	4,159	2,678	64.39%	63.06%	NR	NR	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Administrative	12-17	4,003	2,314	57.81%	57.64%	NR	NR	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Administrative	18-19	560	250	44.64%	42.57%	NR	NR	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Administrative	Total	8,722	5,242	60.10%	59.08%	NR	NR	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Administrative	3-11	2,852	1,901	66.65%	66.74%	NR	NR	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Administrative	12-17	3,216	2,047	63.65%	62.40%	NR	NR	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Administrative	18-19	439	236	53.76%	47.54%	NR	NR	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Administrative	Total	6,507	4,184	64.30%	63.27%	NR	NR	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Administrative	3-11	3,969	2,748	69.24%	65.06%	NR	NR	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Administrative	12-17	3,442	2,234	64.90%	61.59%	NR	NR	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Administrative	18-19	462	235	50.87%	50.39%	NR	NR	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Administrative	Total	7,873	5,217	66.26%	62.47%	NR	NR	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Administrative	3-11	2,142	1,303	60.83%	59.81%	NR	NR	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Administrative	12-17	2,312	1,376	59.52%	60.31%	NR	NR	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Administrative	18-19	379	161	42.48%	47.80%	NR	NR	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Administrative	Total	4,833	2,840	58.76%	59.12%	NR	NR	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Administrative	3-11	4,203	2,900	69.00%	65.92%	NR	NR	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Administrative	12-17	4,835	3,240	67.01%	64.89%	NR	NR	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Administrative	18-19	800	444	55.50%	52.49%	NR	NR	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Administrative	Total	9,838	6,584	66.92%	64.32%	NR	NR	NR	∅	High confidence
IBC	Child and Adolescent Well-Care Visits	Administrative	3-11	3,057	2,191	71.67%	67.70%	NR	NR	NR	∅	High confidence
IBC	Child and Adolescent Well-Care Visits	Administrative	12-17	3,891	2,715	69.78%	64.60%	NR	NR	NR	∅	High confidence
IBC	Child and Adolescent Well-Care Visits	Administrative	18-19	582	352	60.48%	55.20%	NR	NR	NR	∅	High confidence
IBC	Child and Adolescent Well-Care Visits	Administrative	Total	7,530	5,258	69.83%	65.10%	NR	NR	NR	∅	High confidence
UHC	Child and Adolescent Well-Care Visits	Administrative	3-11	5,667	4,025	71.03%	66.31%	NR	NR	NR	∅	High confidence
UHC	Child and Adolescent Well-Care Visits	Administrative	12-17	5,951	3,949	66.36%	62.75%	NR	NR	NR	∅	High confidence
UHC	Child and Adolescent Well-Care Visits	Administrative	18-19	776	405	52.19%	47.39%	NR	NR	NR	∅	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
UHC	Child and Adolescent Well-Care Visits	Administrative	Total	12,394	8,379	67.61%	63.27%	NR	NR	NR	∅	High confidence
UPMC	Child and Adolescent Well-Care Visits	Administrative	3-11	10,677	7,930	74.27%	68.82%	NR	NR	NR	∅	High confidence
UPMC	Child and Adolescent Well-Care Visits	Administrative	12-17	9,141	6,363	69.61%	65.30%	NR	NR	NR	∅	High confidence
UPMC	Child and Adolescent Well-Care Visits	Administrative	18-19	1,287	698	54.23%	52.64%	NR	NR	NR	∅	High confidence
UPMC	Child and Adolescent Well-Care Visits	Administrative	Total	21,105	14,991	71.03%	66.09%	NR	NR	NR	∅	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 58: Child and Adolescent Well-Care Visits Race and Ethnicity Data

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Child and Adolescent Well-Care Visits	Race	White	4,711	2,866	60.84%	60.99%	–	68.39%	–	Opportunity	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Black or African American	1,621	912	56.26%	58.24%	–	61.13%	–	Opportunity	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	23	13	N/A	47.06%	NR	71.43%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Asian	622	404	64.95%	64.46%	+	70.55%	–	Opportunity	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	66.67%	NR	62.75%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Some Other Race	19	10	N/A	63.67%	NR	63.63%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	40.00%	NR	73.02%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	0	0	N/A	25.00%	NR	62.47%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Race	Unknown	1,726	1,037	60.08%	57.38%	+	66.75%	–	Opportunity	High confidence
ABH	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	274	161	58.76%	57.53%	+	66.99%	–	Opportunity	High confidence
ABH	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	23	13	N/A	66.07%	NR	69.54%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	25.00%	NR	00.00%	NR	∅	High confidence
ABH	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	8,425	5,068	60.15%	58.70%	+	63.39%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	White	5,919	3,857	65.16%	63.92%	+	68.39%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Black or African American	126	58	46.03%	40.00%	NR	61.13%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	71.43%	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Asian	44	29	65.91%	50.00%	NR	70.55%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	62.75%	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Some Other Race	370	209	56.49%	61.54%	NR	63.63%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	N/A	NR	73.02%	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	0	0	N/A	N/A	NR	62.47%	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Race	Unknown	48	31	64.58%	63.28%	+	66.75%	–	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	369	208	56.37%	61.54%	NR	66.99%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	6,090	3,945	64.78%	63.03%	+	69.54%	–	Opportunity	High confidence
CBC	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	00.00%	NR	∅	High confidence
CBC	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	48	31	64.58%	63.28%	+	63.39%	+	∅	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
GEI	Child and Adolescent Well-Care Visits	Race	White	4,734	3,354	70.85%	66.96%	+	68.39%	+	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Black or African American	338	232	68.64%	64.26%	+	61.13%	+	Strength	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	15	11	N/A	83.33%	NR	71.43%	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Asian	136	105	77.21%	73.98%	+	70.55%	+	Strength	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	51	32	62.75%	70.37%	–	62.75%	n.s.	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Some Other Race	7	3	N/A	57.14%	NR	63.63%	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Two or More Races	63	46	73.02%	50.00%	NR	73.02%	n.s.	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	2,103	1,173	55.78%	50.00%	NR	62.47%	–	Opportunity	High confidence
GEI	Child and Adolescent Well-Care Visits	Race	Unknown	426	261	61.27%	56.38%	+	66.75%	–	Opportunity	High confidence
GEI	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	711	516	72.57%	70.17%	+	66.99%	+	Strength	High confidence
GEI	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	4,799	3,362	70.06%	67.08%	+	69.54%	+	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	5	4	N/A	63.64%	NR	00.00%	NR	∅	High confidence
GEI	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	2,358	1,335	56.62%	56.00%	+	63.39%	–	Opportunity	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	White	1,795	1,076	59.94%	58.54%	+	68.39%	–	Opportunity	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Black or African American	1,417	761	53.71%	67.76%	–	61.13%	–	Opportunity	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	71.43%	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Asian	425	293	68.94%	73.27%	–	70.55%	–	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	55.56%	NR	62.75%	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Some Other Race	1,127	692	61.40%	61.35%	n.s.	63.63%	–	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	N/A	NR	73.02%	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	0	0	N/A	N/A	NR	62.47%	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Race	Unknown	69	18	26.09%	57.37%	–	66.75%	–	Opportunity	High confidence
HPP	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	112	87	77.68%	N/A	NR	66.99%	+	Strength	High confidence
HPP	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	279	190	68.10%	N/A	NR	69.54%	–	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	00.00%	NR	∅	High confidence
HPP	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	4,442	2,563	57.70%	59.12%	–	63.39%	–	Opportunity	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	White	99	72	72.73%	76.03%	–	68.39%	+	Strength	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Black or African American	6	3	N/A	28.57%	NR	61.13%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	71.43%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Asian	2	1	N/A	66.67%	NR	70.55%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	62.75%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Some Other Race	10	9	N/A	76.92%	NR	63.63%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	N/A	NR	73.02%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	1	1	N/A	62.50%	NR	62.47%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Race	Unknown	9,720	6,498	66.85%	64.23%	+	66.75%	+	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	29	24	N/A	80.56%	NR	66.99%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	149	107	71.81%	71.63%	+	69.54%	+	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	10	7	N/A	66.67%	NR	00.00%	NR	∅	High confidence
HHK	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	9,650	6,446	66.80%	64.16%	+	63.39%	+	Strength	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	White	3,804	2,729	71.74%	N/A	NR	68.39%	+	Strength	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
IBC	Child and Adolescent Well-Care Visits	Race	Black or African American	1,574	1,044	66.33%	N/A	NR	61.13%	+	Strength	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	8	6	N/A	N/A	NR	71.43%	NR	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Asian	590	413	70.00%	N/A	NR	70.55%	–	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	13	9	N/A	N/A	NR	62.75%	NR	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Some Other Race	593	429	72.34%	N/A	NR	63.63%	+	Strength	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	N/A	NR	73.02%	NR	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	0	0	N/A	N/A	NR	62.47%	NR	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Race	Unknown	948	628	66.24%	N/A	NR	66.75%	–	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	918	607	66.12%	N/A	NR	66.99%	–	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	6,582	4,630	70.34%	N/A	NR	69.54%	+	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	00.00%	NR	Ø	High confidence
IBC	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	30	21	70.00%	N/A	NR	63.39%	+	Strength	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	White	7,271	4,949	68.06%	63.08%	+	68.39%	–	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Black or African American	1,888	1,170	61.97%	58.83%	+	61.13%	+	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	28	18	N/A	50.00%	NR	71.43%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Asian	794	563	70.91%	71.80%	–	70.55%	+	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	57.89%	NR	62.75%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Some Other Race	0	0	N/A	N/A	NR	63.63%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	N/A	NR	73.02%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	0	0	N/A	N/A	NR	62.47%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Race	Unknown	2,413	1,679	69.58%	64.92%	+	66.75%	+	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	1,862	1,248	67.02%	65.16%	+	66.99%	+	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	10,532	7,131	67.71%	63.29%	+	69.54%	–	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	00.00%	NR	Ø	High confidence
UHC	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	0	0	N/A	54.55%	NR	63.39%	NR	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	White	10,957	7,968	72.72%	68.37%	+	68.39%	+	Strength	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Black or African American	1,284	865	67.37%	65.92%	+	61.13%	+	Strength	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	American Indian or Alaska Native	35	25	71.43%	55.56%	NR	71.43%	n.s.	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Asian	543	418	76.98%	54.55%	NR	70.55%	+	Strength	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Native Hawaiian or Other Pacific Islander	1	0	N/A	N/A	NR	62.75%	NR	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Some Other Race	0	0	N/A	N/A	NR	63.63%	NR	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Two or More Races	0	0	N/A	71.79%	NR	73.02%	NR	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Asked but No Answer	1,185	881	74.35%	68.33%	+	62.47%	+	Strength	High confidence
UPMC	Child and Adolescent Well-Care Visits	Race	Unknown	7,100	4,834	68.08%	64.00%	+	66.75%	+	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Ethnicity	Hispanic or Latino	596	417	69.97%	63.43%	+	66.99%	+	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Ethnicity	Not Hispanic or Latino	13,263	9,628	72.59%	68.86%	+	69.54%	+	Strength	High confidence
UPMC	Child and Adolescent Well-Care Visits	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	00.00%	NR	Ø	High confidence
UPMC	Child and Adolescent Well-Care Visits	Ethnicity	Unknown	7,246	4,946	68.26%	65.13%	+	63.39%	+	Strength	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

Table 59: Inpatient Utilization Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Maternity Discharges/1,000 member years	Administrative	10-19	129,712	2	0.19	1.07	NR	NR	NR	∅	High confidence
ABH	Maternity Discharges/1,000 member years	Administrative	Total	129,713	2	0.19	1.06	NR	NR	NR	∅	High confidence
ABH	Medicine Discharges/1,000 member years	Administrative	< 1	3,202	8	29.98	16.56	NR	NR	NR	∅	High confidence
ABH	Medicine Discharges/1,000 member years	Administrative	1-9	87,734	23	3.15	4.94	NR	NR	NR	∅	High confidence
ABH	Medicine Discharges/1,000 member years	Administrative	10-19	129,712	31	2.87	3.2	NR	NR	NR	∅	High confidence
ABH	Medicine Discharges/1,000 member years	Administrative	Total	220,649	62	3.37	4.1	NR	NR	NR	∅	High confidence
ABH	Surgery Discharges/1,000 member years	Administrative	< 1	3,202	0	0.00	3.31	NR	NR	NR	∅	High confidence
ABH	Surgery Discharges/1,000 member years	Administrative	1-9	87,734	9	1.23	2.39	NR	NR	NR	∅	High confidence
ABH	Surgery Discharges/1,000 member years	Administrative	10-19	129,712	15	1.39	2.62	NR	NR	NR	∅	High confidence
ABH	Surgery Discharges/1,000 member years	Administrative	Total	220,649	24	1.31	2.54	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Discharges/1,000 member years	Administrative	< 1	3,202	8	29.98	19.87	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Discharges/1,000 member years	Administrative	1-9	87,734	32	4.38	7.33	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Discharges/1,000 member years	Administrative	10-19	129,712	48	4.44	6.88	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Discharges/1,000 member years	Administrative	Total	220,649	88	4.79	7.27	NR	NR	NR	∅	High confidence
ABH	Maternity Days/1,000 member years	Administrative	10-19	129,712	4	0.37	3.1	NR	NR	NR	∅	High confidence
ABH	Maternity Days/1,000 member years	Administrative	Total	129,713	4	0.37	3.1	NR	NR	NR	∅	High confidence
ABH	Medicine Days/1,000 member years	Administrative	< 1	3,202	31	116.18	62.93	NR	NR	NR	∅	High confidence
ABH	Medicine Days/1,000 member years	Administrative	1-9	87,734	63	8.62	16.9	NR	NR	NR	∅	High confidence
ABH	Medicine Days/1,000 member years	Administrative	10-19	129,712	141	13.04	18.02	NR	NR	NR	∅	High confidence
ABH	Medicine Days/1,000 member years	Administrative	Total	220,649	235	12.78	18.36	NR	NR	NR	∅	High confidence
ABH	Surgery Days/1,000 member years	Administrative	< 1	3,202	0	0.00	3.31	NR	NR	NR	∅	High confidence
ABH	Surgery Days/1,000 member years	Administrative	1-9	87,734	39	5.33	28.72	NR	NR	NR	∅	High confidence
ABH	Surgery Days/1,000 member years	Administrative	10-19	129,712	87	8.05	18.31	NR	NR	NR	∅	High confidence
ABH	Surgery Days/1,000 member years	Administrative	Total	220,649	126	6.85	22.05	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Days/1,000 member years	Administrative	< 1	3,202	31	116.18	66.24	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Days/1,000 member years	Administrative	1-9	87,734	102	13.95	45.62	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Days/1,000 member years	Administrative	10-19	129,712	232	21.46	39.43	NR	NR	NR	∅	High confidence
ABH	Total Inpatient Days/1,000 member years	Administrative	Total	220,649	365	19.85	42.26	NR	NR	NR	∅	High confidence
ABH	Maternity ALOS	Administrative	10-19	2	4	2.00	2.91	NR	NR	NR	∅	High confidence
ABH	Maternity ALOS	Administrative	Total	2	4	2.00	2.91	NR	NR	NR	∅	High confidence
ABH	Medicine ALOS	Administrative	< 1	8	31	3.88	3.8	NR	NR	NR	∅	High confidence
ABH	Medicine ALOS	Administrative	1-9	23	63	2.74	3.42	NR	NR	NR	∅	High confidence
ABH	Medicine ALOS	Administrative	10-19	31	141	4.55	5.64	NR	NR	NR	∅	High confidence
ABH	Medicine ALOS	Administrative	Total	62	235	3.79	4.48	NR	NR	NR	∅	High confidence
ABH	Surgery ALOS	Administrative	< 1	0	0	N/A	1	NR	NR	NR	∅	High confidence
ABH	Surgery ALOS	Administrative	1-9	9	39	4.33	12	NR	NR	NR	∅	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	Surgery ALOS	Administrative	10-19	15	87	5.80	7	NR	NR	NR	Ø	High confidence
ABH	Surgery ALOS	Administrative	Total	24	126	5.25	8.68	NR	NR	NR	Ø	High confidence
ABH	Total Inpatient ALOS	Administrative	< 1	8	31	3.88	3.33	NR	NR	NR	Ø	High confidence
ABH	Total Inpatient ALOS	Administrative	1-9	32	102	3.19	6.22	NR	NR	NR	Ø	High confidence
ABH	Total Inpatient ALOS	Administrative	10-19	48	232	4.83	5.73	NR	NR	NR	Ø	High confidence
ABH	Total Inpatient ALOS	Administrative	Total	88	365	4.15	5.81	NR	NR	NR	Ø	High confidence
CBC	Maternity Discharges/1,000 member years	Administrative	10-19	81,469	3	0.44	0.42	NR	NR	NR	Ø	High confidence
CBC	Maternity Discharges/1,000 member years	Administrative	Total	81,471	3	0.44	0.42	NR	NR	NR	Ø	High confidence
CBC	Medicine Discharges/1,000 member years	Administrative	< 1	1,250	1	9.60	52.86	NR	NR	NR	Ø	High confidence
CBC	Medicine Discharges/1,000 member years	Administrative	1-9	44,462	13	3.51	3.09	NR	NR	NR	Ø	High confidence
CBC	Medicine Discharges/1,000 member years	Administrative	10-19	81,469	19	2.80	4.1	NR	NR	NR	Ø	High confidence
CBC	Medicine Discharges/1,000 member years	Administrative	Total	127,183	33	3.11	4.25	NR	NR	NR	Ø	High confidence
CBC	Surgery Discharges/1,000 member years	Administrative	< 1	1,250	0	0.00	8.81	NR	NR	NR	Ø	High confidence
CBC	Surgery Discharges/1,000 member years	Administrative	1-9	44,462	3	0.81	0.51	NR	NR	NR	Ø	High confidence
CBC	Surgery Discharges/1,000 member years	Administrative	10-19	81,469	15	2.21	1.56	NR	NR	NR	Ø	High confidence
CBC	Surgery Discharges/1,000 member years	Administrative	Total	127,183	18	1.70	1.27	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Discharges/1,000 member years	Administrative	< 1	1,250	1	9.60	61.67	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Discharges/1,000 member years	Administrative	1-9	44,462	16	4.32	3.6	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Discharges/1,000 member years	Administrative	10-19	81,469	37	5.45	6.09	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Discharges/1,000 member years	Administrative	Total	127,183	54	5.10	5.78	NR	NR	NR	Ø	High confidence
CBC	Maternity Days/1,000 member years	Administrative	10-19	81,469	7	1.03	0.99	NR	NR	NR	Ø	High confidence
CBC	Maternity Days/1,000 member years	Administrative	Total	81,471	7	1.03	0.99	NR	NR	NR	Ø	High confidence
CBC	Medicine Days/1,000 member years	Administrative	< 1	1,250	3	28.80	149.78	NR	NR	NR	Ø	High confidence
CBC	Medicine Days/1,000 member years	Administrative	1-9	44,462	34	9.18	6.43	NR	NR	NR	Ø	High confidence
CBC	Medicine Days/1,000 member years	Administrative	10-19	81,469	74	10.90	15.29	NR	NR	NR	Ø	High confidence
CBC	Medicine Days/1,000 member years	Administrative	Total	127,183	111	10.47	13.56	NR	NR	NR	Ø	High confidence
CBC	Surgery Days/1,000 member years	Administrative	< 1	1,250	0	0.00	26.43	NR	NR	NR	Ø	High confidence
CBC	Surgery Days/1,000 member years	Administrative	1-9	44,462	12	3.24	1.03	NR	NR	NR	Ø	High confidence
CBC	Surgery Days/1,000 member years	Administrative	10-19	81,469	112	16.50	5.95	NR	NR	NR	Ø	High confidence
CBC	Surgery Days/1,000 member years	Administrative	Total	127,183	124	11.70	4.43	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Days/1,000 member years	Administrative	< 1	1,250	3	28.80	176.21	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Days/1,000 member years	Administrative	1-9	44,462	46	12.42	7.46	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Days/1,000 member years	Administrative	10-19	81,469	193	28.43	22.22	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient Days/1,000 member years	Administrative	Total	127,183	242	22.83	18.62	NR	NR	NR	Ø	High confidence
CBC	Maternity ALOS	Administrative	10-19	3	7	2.33	2.33	NR	NR	NR	Ø	High confidence
CBC	Maternity ALOS	Administrative	Total	3	7	2.33	2.33	NR	NR	NR	Ø	High confidence
CBC	Medicine ALOS	Administrative	< 1	1	3	3.00	2.83	NR	NR	NR	Ø	High confidence
CBC	Medicine ALOS	Administrative	1-9	13	34	2.62	2.08	NR	NR	NR	Ø	High confidence
CBC	Medicine ALOS	Administrative	10-19	19	74	3.89	3.72	NR	NR	NR	Ø	High confidence
CBC	Medicine ALOS	Administrative	Total	33	111	3.36	3.19	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
CBC	Surgery ALOS	Administrative	< 1	0	0	N/A	3	NR	NR	NR	Ø	High confidence
CBC	Surgery ALOS	Administrative	1-9	3	12	4.00	2	NR	NR	NR	Ø	High confidence
CBC	Surgery ALOS	Administrative	10-19	15	112	7.47	3.82	NR	NR	NR	Ø	High confidence
CBC	Surgery ALOS	Administrative	Total	18	124	6.89	3.5	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient ALOS	Administrative	< 1	1	3	3.00	2.86	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient ALOS	Administrative	1-9	16	46	2.88	2.07	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient ALOS	Administrative	10-19	37	193	5.22	3.65	NR	NR	NR	Ø	High confidence
CBC	Total Inpatient ALOS	Administrative	Total	54	242	4.48	3.22	NR	NR	NR	Ø	High confidence
GEI	Maternity Discharges/1,000 member years	Administrative	10-19	92,664	6	0.78	0.75	NR	NR	NR	Ø	High confidence
GEI	Maternity Discharges/1,000 member years	Administrative	Total	92,682	6	0.78	0.75	NR	NR	NR	Ø	High confidence
GEI	Medicine Discharges/1,000 member years	Administrative	< 1	1,861	2	12.90	36.98	NR	NR	NR	Ø	High confidence
GEI	Medicine Discharges/1,000 member years	Administrative	1-9	62,983	28	5.33	6.59	NR	NR	NR	Ø	High confidence
GEI	Medicine Discharges/1,000 member years	Administrative	10-19	92,664	39	5.05	4.67	NR	NR	NR	Ø	High confidence
GEI	Medicine Discharges/1,000 member years	Administrative	Total	157,526	69	5.26	5.88	NR	NR	NR	Ø	High confidence
GEI	Surgery Discharges/1,000 member years	Administrative	< 1	1,861	1	6.45	12.33	NR	NR	NR	Ø	High confidence
GEI	Surgery Discharges/1,000 member years	Administrative	1-9	62,983	12	2.29	2.35	NR	NR	NR	Ø	High confidence
GEI	Surgery Discharges/1,000 member years	Administrative	10-19	92,664	19	2.46	3.46	NR	NR	NR	Ø	High confidence
GEI	Surgery Discharges/1,000 member years	Administrative	Total	157,526	32	2.44	3.17	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Discharges/1,000 member years	Administrative	< 1	1,861	3	19.34	49.31	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Discharges/1,000 member years	Administrative	1-9	62,983	40	7.62	8.94	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Discharges/1,000 member years	Administrative	10-19	92,664	64	8.29	8.89	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Discharges/1,000 member years	Administrative	Total	157,526	107	8.15	9.5	NR	NR	NR	Ø	High confidence
GEI	Maternity Days/1,000 member years	Administrative	10-19	92,664	17	2.20	2.11	NR	NR	NR	Ø	High confidence
GEI	Maternity Days/1,000 member years	Administrative	Total	92,682	17	2.20	2.11	NR	NR	NR	Ø	High confidence
GEI	Medicine Days/1,000 member years	Administrative	< 1	1,861	5	32.24	67.8	NR	NR	NR	Ø	High confidence
GEI	Medicine Days/1,000 member years	Administrative	1-9	62,983	71	13.53	13.18	NR	NR	NR	Ø	High confidence
GEI	Medicine Days/1,000 member years	Administrative	10-19	92,664	107	13.86	14.46	NR	NR	NR	Ø	High confidence
GEI	Medicine Days/1,000 member years	Administrative	Total	157,526	183	13.94	14.75	NR	NR	NR	Ø	High confidence
GEI	Surgery Days/1,000 member years	Administrative	< 1	1,861	1	6.45	61.63	NR	NR	NR	Ø	High confidence
GEI	Surgery Days/1,000 member years	Administrative	1-9	62,983	74	14.10	11.06	NR	NR	NR	Ø	High confidence
GEI	Surgery Days/1,000 member years	Administrative	10-19	92,664	54	6.99	31.03	NR	NR	NR	Ø	High confidence
GEI	Surgery Days/1,000 member years	Administrative	Total	157,526	129	9.83	23.8	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Days/1,000 member years	Administrative	< 1	1,861	6	38.69	129.43	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Days/1,000 member years	Administrative	1-9	62,983	145	27.63	24.24	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Days/1,000 member years	Administrative	10-19	92,664	178	23.05	47.59	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient Days/1,000 member years	Administrative	Total	157,526	329	25.06	39.81	NR	NR	NR	Ø	High confidence
GEI	Maternity ALOS	Administrative	10-19	6	17	2.83	2.8	NR	NR	NR	Ø	High confidence
GEI	Maternity ALOS	Administrative	Total	6	17	2.83	2.8	NR	NR	NR	Ø	High confidence
GEI	Medicine ALOS	Administrative	< 1	2	5	2.50	1.83	NR	NR	NR	Ø	High confidence
GEI	Medicine ALOS	Administrative	1-9	28	71	2.54	2	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
GEI	Medicine ALOS	Administrative	10-19	39	107	2.74	3.1	NR	NR	NR	Ø	High confidence
GEI	Medicine ALOS	Administrative	Total	69	183	2.65	2.51	NR	NR	NR	Ø	High confidence
GEI	Surgery ALOS	Administrative	< 1	1	1	1.00	5	NR	NR	NR	Ø	High confidence
GEI	Surgery ALOS	Administrative	1-9	12	74	6.17	4.7	NR	NR	NR	Ø	High confidence
GEI	Surgery ALOS	Administrative	10-19	19	54	2.84	8.96	NR	NR	NR	Ø	High confidence
GEI	Surgery ALOS	Administrative	Total	32	129	4.03	7.51	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient ALOS	Administrative	< 1	3	6	2.00	2.63	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient ALOS	Administrative	1-9	40	145	3.63	2.71	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient ALOS	Administrative	10-19	64	178	2.78	5.36	NR	NR	NR	Ø	High confidence
GEI	Total Inpatient ALOS	Administrative	Total	107	329	3.07	4.19	NR	NR	NR	Ø	High confidence
HPP	Maternity Discharges/1,000 member years	Administrative	10-19	71,400	3	0.50	0.37	NR	NR	NR	Ø	High confidence
HPP	Maternity Discharges/1,000 member years	Administrative	Total	71,400	3	0.50	0.37	NR	NR	NR	Ø	High confidence
HPP	Medicine Discharges/1,000 member years	Administrative	< 1	1,327	1	9.04	30.64	NR	NR	NR	Ø	High confidence
HPP	Medicine Discharges/1,000 member years	Administrative	1-9	42,178	19	5.41	3.51	NR	NR	NR	Ø	High confidence
HPP	Medicine Discharges/1,000 member years	Administrative	10-19	71,400	29	4.87	5.4	NR	NR	NR	Ø	High confidence
HPP	Medicine Discharges/1,000 member years	Administrative	Total	114,905	49	5.12	5.05	NR	NR	NR	Ø	High confidence
HPP	Surgery Discharges/1,000 member years	Administrative	< 1	1,327	0	0.00	10.21	NR	NR	NR	Ø	High confidence
HPP	Surgery Discharges/1,000 member years	Administrative	1-9	42,178	6	1.71	1.76	NR	NR	NR	Ø	High confidence
HPP	Surgery Discharges/1,000 member years	Administrative	10-19	71,400	12	2.02	3.35	NR	NR	NR	Ø	High confidence
HPP	Surgery Discharges/1,000 member years	Administrative	Total	114,905	18	1.88	2.89	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Discharges/1,000 member years	Administrative	< 1	1,327	1	9.04	40.85	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Discharges/1,000 member years	Administrative	1-9	42,178	25	7.11	5.27	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Discharges/1,000 member years	Administrative	10-19	71,400	44	7.39	9.13	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Discharges/1,000 member years	Administrative	Total	114,905	70	7.31	8.18	NR	NR	NR	Ø	High confidence
HPP	Maternity Days/1,000 member years	Administrative	10-19	71,400	7	1.18	0.93	NR	NR	NR	Ø	High confidence
HPP	Maternity Days/1,000 member years	Administrative	Total	71,400	7	1.18	0.93	NR	NR	NR	Ø	High confidence
HPP	Medicine Days/1,000 member years	Administrative	< 1	1,327	1	9.04	51.06	NR	NR	NR	Ø	High confidence
HPP	Medicine Days/1,000 member years	Administrative	1-9	42,178	29	8.25	8.79	NR	NR	NR	Ø	High confidence
HPP	Medicine Days/1,000 member years	Administrative	10-19	71,400	88	14.79	13.97	NR	NR	NR	Ø	High confidence
HPP	Medicine Days/1,000 member years	Administrative	Total	114,905	118	12.32	12.64	NR	NR	NR	Ø	High confidence
HPP	Surgery Days/1,000 member years	Administrative	< 1	1,327	0	0.00	40.85	NR	NR	NR	Ø	High confidence
HPP	Surgery Days/1,000 member years	Administrative	1-9	42,178	29	8.25	16.17	NR	NR	NR	Ø	High confidence
HPP	Surgery Days/1,000 member years	Administrative	10-19	71,400	40	6.72	25.9	NR	NR	NR	Ø	High confidence
HPP	Surgery Days/1,000 member years	Administrative	Total	114,905	69	7.21	22.74	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Days/1,000 member years	Administrative	< 1	1,327	1	9.04	91.91	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Days/1,000 member years	Administrative	1-9	42,178	58	16.50	24.96	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Days/1,000 member years	Administrative	10-19	71,400	135	22.69	40.81	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient Days/1,000 member years	Administrative	Total	114,905	194	20.26	35.98	NR	NR	NR	Ø	High confidence
HPP	Maternity ALOS	Administrative	10-19	3	7	2.33	2.5	NR	NR	NR	Ø	High confidence
HPP	Maternity ALOS	Administrative	Total	3	7	2.33	2.5	NR	NR	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
HPP	Medicine ALOS	Administrative	< 1	1	1	1.00	1.67	NR	NR	NR	Ø	High confidence
HPP	Medicine ALOS	Administrative	1-9	19	29	1.53	2.5	NR	NR	NR	Ø	High confidence
HPP	Medicine ALOS	Administrative	10-19	29	88	3.03	2.59	NR	NR	NR	Ø	High confidence
HPP	Medicine ALOS	Administrative	Total	49	118	2.41	2.5	NR	NR	NR	Ø	High confidence
HPP	Surgery ALOS	Administrative	< 1	0	0	N/A	4	NR	NR	NR	Ø	High confidence
HPP	Surgery ALOS	Administrative	1-9	6	29	4.83	9.2	NR	NR	NR	Ø	High confidence
HPP	Surgery ALOS	Administrative	10-19	12	40	3.33	7.72	NR	NR	NR	Ø	High confidence
HPP	Surgery ALOS	Administrative	Total	18	69	3.83	7.88	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient ALOS	Administrative	< 1	1	1	1.00	2.25	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient ALOS	Administrative	1-9	25	58	2.32	4.73	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient ALOS	Administrative	10-19	44	135	3.07	4.47	NR	NR	NR	Ø	High confidence
HPP	Total Inpatient ALOS	Administrative	Total	70	194	2.77	4.4	NR	NR	NR	Ø	High confidence
HHK	Maternity Discharges/1,000 member years	Administrative	10-19	129,438	11	1.02	0.45	NR	NR	NR	Ø	High confidence
HHK	Maternity Discharges/1,000 member years	Administrative	Total	129,472	11	1.02	0.45	NR	NR	NR	Ø	High confidence
HHK	Medicine Discharges/1,000 member years	Administrative	< 1	1,873	3	19.22	15.33	NR	NR	NR	Ø	High confidence
HHK	Medicine Discharges/1,000 member years	Administrative	1-9	74,036	40	6.48	4.93	NR	NR	NR	Ø	High confidence
HHK	Medicine Discharges/1,000 member years	Administrative	10-19	129,438	46	4.26	3.12	NR	NR	NR	Ø	High confidence
HHK	Medicine Discharges/1,000 member years	Administrative	Total	205,381	89	5.20	3.88	NR	NR	NR	Ø	High confidence
HHK	Surgery Discharges/1,000 member years	Administrative	< 1	1,873	2	12.81	10.22	NR	NR	NR	Ø	High confidence
HHK	Surgery Discharges/1,000 member years	Administrative	1-9	74,036	7	1.13	1.64	NR	NR	NR	Ø	High confidence
HHK	Surgery Discharges/1,000 member years	Administrative	10-19	129,438	31	2.87	2.23	NR	NR	NR	Ø	High confidence
HHK	Surgery Discharges/1,000 member years	Administrative	Total	205,381	40	2.34	2.11	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Discharges/1,000 member years	Administrative	< 1	1,873	5	32.03	25.55	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Discharges/1,000 member years	Administrative	1-9	74,036	47	7.62	6.57	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Discharges/1,000 member years	Administrative	10-19	129,438	88	8.16	5.79	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Discharges/1,000 member years	Administrative	Total	205,381	140	8.18	6.28	NR	NR	NR	Ø	High confidence
HHK	Maternity Days/1,000 member years	Administrative	10-19	129,438	28	2.60	1.25	NR	NR	NR	Ø	High confidence
HHK	Maternity Days/1,000 member years	Administrative	Total	129,472	28	2.60	1.25	NR	NR	NR	Ø	High confidence
HHK	Medicine Days/1,000 member years	Administrative	< 1	1,873	5	32.03	35.78	NR	NR	NR	Ø	High confidence
HHK	Medicine Days/1,000 member years	Administrative	1-9	74,036	93	15.07	11.49	NR	NR	NR	Ø	High confidence
HHK	Medicine Days/1,000 member years	Administrative	10-19	129,438	170	15.76	14	NR	NR	NR	Ø	High confidence
HHK	Medicine Days/1,000 member years	Administrative	Total	205,381	268	15.66	13.37	NR	NR	NR	Ø	High confidence
HHK	Surgery Days/1,000 member years	Administrative	< 1	1,873	6	38.44	20.44	NR	NR	NR	Ø	High confidence
HHK	Surgery Days/1,000 member years	Administrative	1-9	74,036	42	6.81	14.28	NR	NR	NR	Ø	High confidence
HHK	Surgery Days/1,000 member years	Administrative	10-19	129,438	113	10.48	10.79	NR	NR	NR	Ø	High confidence
HHK	Surgery Days/1,000 member years	Administrative	Total	205,381	161	9.41	12.11	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Days/1,000 member years	Administrative	< 1	1,873	11	70.48	56.22	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Days/1,000 member years	Administrative	1-9	74,036	135	21.88	25.78	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Days/1,000 member years	Administrative	10-19	129,438	311	28.83	26.03	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient Days/1,000 member years	Administrative	Total	205,381	457	26.70	26.28	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
HHK	Maternity ALOS	Administrative	10-19	11	28	2.55	2.8	NR	NR	NR	Ø	High confidence
HHK	Maternity ALOS	Administrative	Total	11	28	2.55	2.8	NR	NR	NR	Ø	High confidence
HHK	Medicine ALOS	Administrative	< 1	3	5	1.67	2.33	NR	NR	NR	Ø	High confidence
HHK	Medicine ALOS	Administrative	1-9	40	93	2.33	2.33	NR	NR	NR	Ø	High confidence
HHK	Medicine ALOS	Administrative	10-19	46	170	3.70	4.49	NR	NR	NR	Ø	High confidence
HHK	Medicine ALOS	Administrative	Total	89	268	3.01	3.44	NR	NR	NR	Ø	High confidence
HHK	Surgery ALOS	Administrative	< 1	2	6	3.00	2	NR	NR	NR	Ø	High confidence
HHK	Surgery ALOS	Administrative	1-9	7	42	6.00	8.7	NR	NR	NR	Ø	High confidence
HHK	Surgery ALOS	Administrative	10-19	31	113	3.65	4.84	NR	NR	NR	Ø	High confidence
HHK	Surgery ALOS	Administrative	Total	40	161	4.03	5.73	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient ALOS	Administrative	< 1	5	11	2.20	2.2	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient ALOS	Administrative	1-9	47	135	2.87	3.93	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient ALOS	Administrative	10-19	88	311	3.53	4.49	NR	NR	NR	Ø	High confidence
HHK	Total Inpatient ALOS	Administrative	Total	140	457	3.26	4.18	NR	NR	NR	Ø	High confidence
IBC	Maternity Discharges/1,000 member years	Administrative	10-19	105,359	8	0.91	N/A	NR	NR	NR	Ø	High confidence
IBC	Maternity Discharges/1,000 member years	Administrative	Total	105,359	8	0.91	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Discharges/1,000 member years	Administrative	< 1	1,393	5	43.07	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Discharges/1,000 member years	Administrative	1-9	50,773	31	7.33	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Discharges/1,000 member years	Administrative	10-19	105,359	56	6.38	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Discharges/1,000 member years	Administrative	Total	157,525	92	7.01	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Discharges/1,000 member years	Administrative	< 1	1,393	4	34.46	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Discharges/1,000 member years	Administrative	1-9	50,773	9	2.13	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Discharges/1,000 member years	Administrative	10-19	105,359	27	3.08	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Discharges/1,000 member years	Administrative	Total	157,525	40	3.05	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Discharges/1,000 member years	Administrative	< 1	1,393	9	77.53	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Discharges/1,000 member years	Administrative	1-9	50,773	40	9.45	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Discharges/1,000 member years	Administrative	10-19	105,359	91	10.36	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Discharges/1,000 member years	Administrative	Total	157,525	140	10.66	N/A	NR	NR	NR	Ø	High confidence
IBC	Maternity Days/1,000 member years	Administrative	10-19	105,359	24	2.73	N/A	NR	NR	NR	Ø	High confidence
IBC	Maternity Days/1,000 member years	Administrative	Total	105,359	24	2.73	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Days/1,000 member years	Administrative	< 1	1,393	11	94.76	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Days/1,000 member years	Administrative	1-9	50,773	66	15.60	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Days/1,000 member years	Administrative	10-19	105,359	165	18.79	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine Days/1,000 member years	Administrative	Total	157,525	242	18.44	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Days/1,000 member years	Administrative	< 1	1,393	6	51.69	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Days/1,000 member years	Administrative	1-9	50,773	38	8.98	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Days/1,000 member years	Administrative	10-19	105,359	99	11.28	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery Days/1,000 member years	Administrative	Total	157,525	143	10.89	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Days/1,000 member years	Administrative	< 1	1,393	17	146.45	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Days/1,000 member years	Administrative	1-9	50,773	104	24.58	N/A	NR	NR	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
IBC	Total Inpatient Days/1,000 member years	Administrative	10-19	105,359	288	32.80	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient Days/1,000 member years	Administrative	Total	157,525	409	31.16	N/A	NR	NR	NR	Ø	High confidence
IBC	Maternity ALOS	Administrative	10-19	8	24	3.00	N/A	NR	NR	NR	Ø	High confidence
IBC	Maternity ALOS	Administrative	Total	8	24	3.00	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine ALOS	Administrative	< 1	5	11	2.20	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine ALOS	Administrative	1-9	31	66	2.13	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine ALOS	Administrative	10-19	56	165	2.95	N/A	NR	NR	NR	Ø	High confidence
IBC	Medicine ALOS	Administrative	Total	92	242	2.63	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery ALOS	Administrative	< 1	4	6	1.50	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery ALOS	Administrative	1-9	9	38	4.22	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery ALOS	Administrative	10-19	27	99	3.67	N/A	NR	NR	NR	Ø	High confidence
IBC	Surgery ALOS	Administrative	Total	40	143	3.58	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient ALOS	Administrative	< 1	9	17	1.89	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient ALOS	Administrative	1-9	40	104	2.60	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient ALOS	Administrative	10-19	91	288	3.16	N/A	NR	NR	NR	Ø	High confidence
IBC	Total Inpatient ALOS	Administrative	Total	140	409	2.92	N/A	NR	NR	NR	Ø	High confidence
UHC	Maternity Discharges/1,000 member years	Administrative	10-19	158,049	8	0.61	0.57	NR	NR	NR	Ø	High confidence
UHC	Maternity Discharges/1,000 member years	Administrative	Total	158,049	8	0.61	0.57	NR	NR	NR	Ø	High confidence
UHC	Medicine Discharges/1,000 member years	Administrative	< 1	2,494	3	14.43	21.11	NR	NR	NR	Ø	High confidence
UHC	Medicine Discharges/1,000 member years	Administrative	1-9	94,561	41	5.20	4.43	NR	NR	NR	Ø	High confidence
UHC	Medicine Discharges/1,000 member years	Administrative	10-19	158,049	60	4.56	3.19	NR	NR	NR	Ø	High confidence
UHC	Medicine Discharges/1,000 member years	Administrative	Total	255,104	104	4.89	3.87	NR	NR	NR	Ø	High confidence
UHC	Surgery Discharges/1,000 member years	Administrative	< 1	2,494	1	4.81	3.52	NR	NR	NR	Ø	High confidence
UHC	Surgery Discharges/1,000 member years	Administrative	1-9	94,561	7	0.89	1.08	NR	NR	NR	Ø	High confidence
UHC	Surgery Discharges/1,000 member years	Administrative	10-19	158,049	21	1.59	1.42	NR	NR	NR	Ø	High confidence
UHC	Surgery Discharges/1,000 member years	Administrative	Total	255,104	29	1.36	1.32	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Discharges/1,000 member years	Administrative	< 1	2,494	4	19.25	24.63	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Discharges/1,000 member years	Administrative	1-9	94,561	48	6.09	5.5	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Discharges/1,000 member years	Administrative	10-19	158,049	89	6.76	5.18	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Discharges/1,000 member years	Administrative	Total	255,104	141	6.63	5.54	NR	NR	NR	Ø	High confidence
UHC	Maternity Days/1,000 member years	Administrative	10-19	158,049	17	1.29	1.28	NR	NR	NR	Ø	High confidence
UHC	Maternity Days/1,000 member years	Administrative	Total	158,049	17	1.29	1.28	NR	NR	NR	Ø	High confidence
UHC	Medicine Days/1,000 member years	Administrative	< 1	2,494	6	28.87	35.18	NR	NR	NR	Ø	High confidence
UHC	Medicine Days/1,000 member years	Administrative	1-9	94,561	94	11.93	14.83	NR	NR	NR	Ø	High confidence
UHC	Medicine Days/1,000 member years	Administrative	10-19	158,049	270	20.50	16.68	NR	NR	NR	Ø	High confidence
UHC	Medicine Days/1,000 member years	Administrative	Total	255,104	370	17.40	16.23	NR	NR	NR	Ø	High confidence
UHC	Surgery Days/1,000 member years	Administrative	< 1	2,494	3	14.43	3.52	NR	NR	NR	Ø	High confidence
UHC	Surgery Days/1,000 member years	Administrative	1-9	94,561	22	2.79	6.1	NR	NR	NR	Ø	High confidence
UHC	Surgery Days/1,000 member years	Administrative	10-19	158,049	94	7.14	8.23	NR	NR	NR	Ø	High confidence
UHC	Surgery Days/1,000 member years	Administrative	Total	255,104	119	5.60	7.39	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
UHC	Total Inpatient Days/1,000 member years	Administrative	< 1	2,494	9	43.30	38.7	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Days/1,000 member years	Administrative	1-9	94,561	116	14.72	20.93	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Days/1,000 member years	Administrative	10-19	158,049	381	28.93	26.19	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient Days/1,000 member years	Administrative	Total	255,104	506	23.80	24.41	NR	NR	NR	Ø	High confidence
UHC	Maternity ALOS	Administrative	10-19	8	17	2.13	2.25	NR	NR	NR	Ø	High confidence
UHC	Maternity ALOS	Administrative	Total	8	17	2.13	2.25	NR	NR	NR	Ø	High confidence
UHC	Medicine ALOS	Administrative	< 1	3	6	2.00	1.67	NR	NR	NR	Ø	High confidence
UHC	Medicine ALOS	Administrative	1-9	41	94	2.29	3.35	NR	NR	NR	Ø	High confidence
UHC	Medicine ALOS	Administrative	10-19	60	270	4.50	5.22	NR	NR	NR	Ø	High confidence
UHC	Medicine ALOS	Administrative	Total	104	370	3.56	4.19	NR	NR	NR	Ø	High confidence
UHC	Surgery ALOS	Administrative	< 1	1	3	3.00	1	NR	NR	NR	Ø	High confidence
UHC	Surgery ALOS	Administrative	1-9	7	22	3.14	5.67	NR	NR	NR	Ø	High confidence
UHC	Surgery ALOS	Administrative	10-19	21	94	4.48	5.8	NR	NR	NR	Ø	High confidence
UHC	Surgery ALOS	Administrative	Total	29	119	4.10	5.6	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient ALOS	Administrative	< 1	4	9	2.25	1.57	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient ALOS	Administrative	1-9	48	116	2.42	3.8	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient ALOS	Administrative	10-19	89	381	4.28	5.05	NR	NR	NR	Ø	High confidence
UHC	Total Inpatient ALOS	Administrative	Total	141	506	3.59	4.4	NR	NR	NR	Ø	High confidence
UPMC	Maternity Discharges/1,000 member years	Administrative	10-19	201,080	14	0.84	0.89	NR	NR	NR	Ø	High confidence
UPMC	Maternity Discharges/1,000 member years	Administrative	Total	201,081	14	0.84	0.89	NR	NR	NR	Ø	High confidence
UPMC	Medicine Discharges/1,000 member years	Administrative	< 1	4,447	17	45.87	28.59	NR	NR	NR	Ø	High confidence
UPMC	Medicine Discharges/1,000 member years	Administrative	1-9	131,548	69	6.29	7.92	NR	NR	NR	Ø	High confidence
UPMC	Medicine Discharges/1,000 member years	Administrative	10-19	201,080	101	6.03	4.97	NR	NR	NR	Ø	High confidence
UPMC	Medicine Discharges/1,000 member years	Administrative	Total	337,076	187	6.66	6.46	NR	NR	NR	Ø	High confidence
UPMC	Surgery Discharges/1,000 member years	Administrative	< 1	4,447	2	5.40	16.68	NR	NR	NR	Ø	High confidence
UPMC	Surgery Discharges/1,000 member years	Administrative	1-9	131,548	34	3.10	2.18	NR	NR	NR	Ø	High confidence
UPMC	Surgery Discharges/1,000 member years	Administrative	10-19	201,080	38	2.27	3.43	NR	NR	NR	Ø	High confidence
UPMC	Surgery Discharges/1,000 member years	Administrative	Total	337,076	74	2.63	3.14	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Discharges/1,000 member years	Administrative	< 1	4,447	19	51.27	45.27	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Discharges/1,000 member years	Administrative	1-9	131,548	103	9.40	10.1	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Discharges/1,000 member years	Administrative	10-19	201,080	153	9.13	9.28	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Discharges/1,000 member years	Administrative	Total	337,076	275	9.79	10.13	NR	NR	NR	Ø	High confidence
UPMC	Maternity Days/1,000 member years	Administrative	10-19	201,080	37	2.21	2.19	NR	NR	NR	Ø	High confidence
UPMC	Maternity Days/1,000 member years	Administrative	Total	201,081	37	2.21	2.19	NR	NR	NR	Ø	High confidence
UPMC	Medicine Days/1,000 member years	Administrative	< 1	4,447	34	91.75	38.12	NR	NR	NR	Ø	High confidence
UPMC	Medicine Days/1,000 member years	Administrative	1-9	131,548	150	13.68	16.47	NR	NR	NR	Ø	High confidence
UPMC	Medicine Days/1,000 member years	Administrative	10-19	201,080	249	14.86	13.77	NR	NR	NR	Ø	High confidence
UPMC	Medicine Days/1,000 member years	Administrative	Total	337,076	433	15.41	15.18	NR	NR	NR	Ø	High confidence
UPMC	Surgery Days/1,000 member years	Administrative	< 1	4,447	4	10.79	71.47	NR	NR	NR	Ø	High confidence
UPMC	Surgery Days/1,000 member years	Administrative	1-9	131,548	163	14.87	12.01	NR	NR	NR	Ø	High confidence

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
UPMC	Surgery Days/1,000 member years	Administrative	10-19	201,080	129	7.70	11.82	NR	NR	NR	Ø	High confidence
UPMC	Surgery Days/1,000 member years	Administrative	Total	337,076	296	10.54	12.78	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Days/1,000 member years	Administrative	< 1	4,447	38	102.54	109.59	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Days/1,000 member years	Administrative	1-9	131,548	313	28.55	28.48	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Days/1,000 member years	Administrative	10-19	201,080	415	24.77	27.78	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient Days/1,000 member years	Administrative	Total	337,076	766	27.27	29.26	NR	NR	NR	Ø	High confidence
UPMC	Maternity ALOS	Administrative	10-19	14	37	2.64	2.47	NR	NR	NR	Ø	High confidence
UPMC	Maternity ALOS	Administrative	Total	14	37	2.64	2.47	NR	NR	NR	Ø	High confidence
UPMC	Medicine ALOS	Administrative	< 1	17	34	2.00	1.33	NR	NR	NR	Ø	High confidence
UPMC	Medicine ALOS	Administrative	1-9	69	150	2.17	2.08	NR	NR	NR	Ø	High confidence
UPMC	Medicine ALOS	Administrative	10-19	101	249	2.47	2.77	NR	NR	NR	Ø	High confidence
UPMC	Medicine ALOS	Administrative	Total	187	433	2.32	2.35	NR	NR	NR	Ø	High confidence
UPMC	Surgery ALOS	Administrative	< 1	2	4	2.00	4.29	NR	NR	NR	Ø	High confidence
UPMC	Surgery ALOS	Administrative	1-9	34	163	4.79	5.5	NR	NR	NR	Ø	High confidence
UPMC	Surgery ALOS	Administrative	10-19	38	129	3.39	3.45	NR	NR	NR	Ø	High confidence
UPMC	Surgery ALOS	Administrative	Total	74	296	4.00	4.07	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient ALOS	Administrative	< 1	19	38	2.00	2.42	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient ALOS	Administrative	1-9	103	313	3.04	2.82	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient ALOS	Administrative	10-19	153	415	2.71	2.99	NR	NR	NR	Ø	High confidence
UPMC	Total Inpatient ALOS	Administrative	Total	275	766	2.79	2.89	NR	NR	NR	Ø	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; ALOS: average length of stay; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.

Table 60: Well-Child Visits in the First 30 Months of Life Data

MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	First 15 Months	Administrative	15m	173	82	47.40%	66.04%	NR	NR	NR	Ø	High confidence
ABH	15 Months-30 Months	Administrative	30m	218	175	80.28%	78.54%	NR	NR	NR	Ø	High confidence
CBC	First 15 Months	Administrative	15m	75	38	50.67%	66.67%	NR	NR	NR	Ø	High confidence
CBC	15 Months-30 Months	Administrative	30m	90	73	81.11%	86.17%	NR	NR	NR	Ø	High confidence
GEI	First 15 Months	Administrative	15m	134	80	59.70%	34.52%	NR	NR	NR	Ø	High confidence
GEI	15 Months-30 Months	Administrative	30m	177	152	85.88%	82.73%	NR	NR	NR	Ø	High confidence
HPP	First 15 Months	Administrative	15m	71	29	40.85%	26.83%	NR	NR	NR	Ø	High confidence
HPP	15 Months-30 Months	Administrative	30m	84	60	71.43%	66.15%	NR	NR	NR	Ø	High confidence
HHK	First 15 Months	Administrative	15m	102	70	68.63%	74.11%	NR	NR	NR	Ø	High confidence
HHK	15 Months-30 Months	Administrative	30m	159	141	88.68%	89.93%	NR	NR	NR	Ø	High confidence
IBC	First 15 Months	Administrative	15m	90	49	54.44%	55.00%	NR	NR	NR	Ø	High confidence
IBC	15 Months-30 Months	Administrative	30m	118	97	82.20%	83.47%	NR	NR	NR	Ø	High confidence



MCO	Indicator Name	Data Source	Age Group	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
UHC	First 15 Months	Administrative	15m	172	118	68.60%	41.32%	NR	NR	NR	∅	High confidence
UHC	15 Months-30 Months	Administrative	30m	219	169	77.17%	86.84%	NR	NR	NR	∅	High confidence
UPMC	First 15 Months	Administrative	15m	368	288	78.26%	76.53%	NR	NR	NR	∅	High confidence
UPMC	15 Months-30 Months	Administrative	30m	437	391	89.47%	88.78%	NR	NR	NR	∅	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; 15m: 15 months; 30m: 30 months; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; ∅: neither a strength nor opportunity applies.

**Table 61 : Well-Child Visits in the First 30 Months of Life Race and Ethnicity Data**

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
ABH	First 15 Months	Race	White	75	31	41.33%	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Black or African American	10	4	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Asian	10	3	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Some Other Race	3	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Race	Unknown	75	44	58.67%	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	First 15 Months	Ethnicity	Unknown	172	82	47.67%	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	White	109	91	83.49%	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Black or African American	18	14	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	American Indian or Alaska Native	1	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Asian	20	13	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Some Other Race	4	4	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Race	Unknown	66	53	80.30%	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	1	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
ABH	15 Months-30 Months	Ethnicity	Unknown	217	175	80.65%	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	White	71	35	49.30%	N/A	NR	NR	NR	NR	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
CBC	First 15 Months	Race	Black or African American	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Asian	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Some Other Race	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Race	Unknown	2	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Ethnicity	Not Hispanic or Latino	72	36	50.00%	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	First 15 Months	Ethnicity	Unknown	2	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	White	86	70	81.40%	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Black or African American	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Asian	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Some Other Race	2	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Race	Unknown	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Ethnicity	Hispanic or Latino	2	1	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	87	71	81.61%	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
CBC	15 Months-30 Months	Ethnicity	Unknown	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	White	61	41	67.21%	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Black or African American	3	2	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Asian	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	1	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Some Other Race	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Two or More Races	3	1	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Asked but No Answer	62	34	54.84%	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Race	Unknown	2	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Ethnicity	Hispanic or Latino	8	6	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Ethnicity	Not Hispanic or Latino	70	46	65.71%	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	First 15 Months	Ethnicity	Unknown	56	28	50.00%	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	White	84	74	88.10%	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Black or African American	6	3	N/A	N/A	NR	NR	NR	NR	High confidence



MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
GEI	15 Months-30 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Asian	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Two or More Races	1	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Asked but No Answer	60	52	86.67%	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Race	Unknown	26	23	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Ethnicity	Hispanic or Latino	8	6	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	93	81	87.10%	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
GEI	15 Months-30 Months	Ethnicity	Unknown	76	65	85.53%	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	White	29	9	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Black or African American	6	3	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Asian	5	3	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Some Other Race	31	14	45.16%	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Race	Unknown	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Ethnicity	Not Hispanic or Latino	10	8	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	First 15 Months	Ethnicity	Unknown	60	20	33.33%	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	White	36	28	77.78%	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Black or African American	16	7	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Asian	6	4	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Some Other Race	24	20	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Race	Unknown	2	1	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Ethnicity	Hispanic or Latino	5	3	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	12	8	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HPP	15 Months-30 Months	Ethnicity	Unknown	67	49	73.13%	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	White	2	2	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Black or African American	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
HHK	First 15 Months	Race	Asian	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Race	Unknown	100	68	68.00%	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Ethnicity	Hispanic or Latino	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Ethnicity	Not Hispanic or Latino	4	4	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	First 15 Months	Ethnicity	Unknown	98	66	67.35%	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	White	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Black or African American	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Asian	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Race	Unknown	159	141	88.68%	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Ethnicity	Hispanic or Latino	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	2	2	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
HHK	15 Months-30 Months	Ethnicity	Unknown	156	138	88.46%	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	White	56	31	55.36%	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Black or African American	11	6	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Asian	6	4	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Some Other Race	10	5	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Race	Unknown	6	2	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Ethnicity	Hispanic or Latino	6	2	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Ethnicity	Not Hispanic or Latino	84	47	55.95%	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	First 15 Months	Ethnicity	Unknown	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	White	74	61	82.43%	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Black or African American	15	12	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Asian	9	8	N/A	N/A	NR	NR	NR	NR	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
IBC	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Some Other Race	12	11	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Race	Unknown	8	5	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Ethnicity	Hispanic or Latino	8	5	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	110	92	83.64%	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
IBC	15 Months-30 Months	Ethnicity	Unknown	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	White	75	50	66.67%	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Black or African American	13	5	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Asian	10	7	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Race	Unknown	74	56	75.68%	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Ethnicity	Hispanic or Latino	12	8	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Ethnicity	Not Hispanic or Latino	160	110	68.75%	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	First 15 Months	Ethnicity	Unknown	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	White	103	83	80.58%	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Black or African American	17	9	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	American Indian or Alaska Native	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Asian	10	10	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Race	Unknown	88	66	75.00%	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Ethnicity	Hispanic or Latino	18	14	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	201	155	77.11%	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UHC	15 Months-30 Months	Ethnicity	Unknown	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	White	132	118	89.39%	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Black or African American	15	11	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	American Indian or Alaska Native	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Asian	10	10	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Native Hawaiian or Other Pacific Islander	0	0	N/A	N/A	NR	NR	NR	NR	High confidence

MCO	Indicator Name	Race and Ethnicity Type	Race and Ethnicity Category	Denominator	Numerator	MY 2023 Rate	MY 2022 Rate	Comparison to MY 2022 Rate	MY 2023 CHIP WA	Comparison to MY 2023 CHIP WA	MCO Performance	Validation Rating
UPMC	First 15 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Asked but No Answer	39	32	82.05%	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Race	Unknown	172	117	68.02%	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Ethnicity	Hispanic or Latino	9	7	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Ethnicity	Not Hispanic or Latino	165	146	88.48%	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	First 15 Months	Ethnicity	Unknown	194	135	69.59%	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	White	184	172	93.48%	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Black or African American	13	12	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	American Indian or Alaska Native	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Asian	14	14	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Native Hawaiian or Other Pacific Islander	1	1	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Some Other Race	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Two or More Races	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Asked but No Answer	14	9	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Race	Unknown	210	182	86.67%	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Ethnicity	Hispanic or Latino	9	8	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Ethnicity	Not Hispanic or Latino	209	193	92.34%	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Ethnicity	Asked but No Answer	0	0	N/A	N/A	NR	NR	NR	NR	High confidence
UPMC	15 Months-30 Months	Ethnicity	Unknown	219	190	86.76%	N/A	NR	NR	NR	NR	High confidence

**Note:** Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

NCQA: National Committee for Quality Assurance; MCO: managed care organization; MY: measurement year; CHIP: Children’s Health Insurance Program; WA: weighted average; NR: not relevant, a weighted average and year-to-year comparisons do not apply; N/A: not applicable, the denominator was less than 30; Ø: neither a strength nor opportunity applies.



Performance Measure Previous Recommendations, Plan Responses and Actions, and New Recommendations

Table 62 displays the prior year performance measure findings, an assessment of the degree to which each MCO effectively addressed the recommendations for quality improvement made by IPRO during last year’s EQR, and the current recommendations for quality improvement.

Table 62: Performance Measure Previous Recommendations, Plan Responses and Actions, and New Recommendations

MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	Access to/Availability of care	No recommendations	Not applicable	ABH should focus on access and availability of annual dental visits for members ages 4 to 18 years old.
ABH	Behavioral health	It is recommended that ABH work to improve behavioral health care regarding follow-up after emergency department visits for mental illness.	Not addressed	ABH should improve follow-up care for behavioral health diagnoses and hospitalizations related to behavioral health. Particular focus should be on 7 and 30 day follow-ups for members hospitalized for mental illness, which was an opportunity in MY 2022. There is an opportunity to enhance follow-up care for children ages 6 to 12 years who are prescribed ADHD medication, ensuring they consistently have a follow-up visit with a practitioner during the 30-day initiation phase. Members ages 12 to 17 who were screened for depression also need follow-up attention for MY 2023.
ABH	Dental and oral health services	It is recommended that ABH work to improve dental and oral health services, particularly focusing on dental sealant receipt for eligible members.	Not addressed	ABH has several opportunities to improve dental and oral health services for members and should focus on dental services that provide sealants on permanent first molars and topical fluoride for members. Another focus should be on increasing the number of members 3 to 20 years old that receive a comprehensive or periodic oral evaluation with a dental provider.
ABH	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, ABH should focus on improving the following areas that were identified as opportunities: childhood immunizations for Meningococcal and Tdap, follow-up care in the initiation phase for members prescribed ADHD medication, and monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis. In addition, areas of disparity along race and ethnicity have been identified for adolescent immunizations, which ABH should focus on closing gaps: Meningococcal for Native Hawaiian or Other Pacific Islander, Tdap for Black or African American or Asian or Hispanic or Latino, and HPV for Asian and Hispanic or Latino members.
ABH	Maternal and perinatal health	It is recommended that ABH work to improve maternal and perinatal health care with a focus on contraceptive care accessibility for its members.	Not addressed	ABH should continue to focus on ensuring that a most or moderately effective form of contraception should be accessible for its members ages 15 to 18 years old.
ABH	Overuse/Appropriateness	No recommendations	Not applicable	No recommendations



MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
ABH	Prevention and screening	No recommendations	Not applicable	ABH has several opportunities to improve prevention and screening accessibility for members. For screenings, ABH should focus on developmental screenings for 1-, 2-, and 3-year-olds and lead screenings for young children 2 years old. Regarding prevention, immunizations for Tdap and HPV have been identified as areas of disparity for Black or African American members. In addition, immunizations for meningococcal and Tdap are areas of disparity for Asian members. ABH should focus on closing this gap in preventive care for members.
ABH	Respiratory conditions	No recommendations	Not applicable	ABH should focus on improving rates of controller medication adoption for members diagnosed with persistent asthma ages 5 to 18 years old.
ABH	Utilization	It is recommended that ABH work to improve utilization, particularly focusing on outpatient visits for ambulatory care and well-child visits for members ages 15–30 months.	Opportunity retired	No recommendations
CBC	Access to/Availability of care	No recommendations	Not applicable	CBC should focus on access and availability of annual dental visits for members ages 2 to 10 and 15 to 18 years old.
CBC	Behavioral health	No recommendations	Not applicable	CBC’s follow-up care for behavioral health screenings and diagnoses should be improved. Particular focus should be on follow-up for members diagnosed with ADHD in both the initiation and continuation phases of treatment, as well as depression screening and follow-up.
CBC	Dental and oral health services	It is recommended that CBC work to improve access to and availability of care for dental services.	Partially addressed	CBC should focus on increasing the percentage of members who receive topical fluoride treatments, as well as boosting the percentage of children ages 0 to 5 years old who undergo comprehensive or periodic oral evaluations by a dental provider
CBC	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, CBC should focus on improving the following areas that were identified as opportunities: childhood immunization combinations 3 and 7, follow-up care for members prescribed ADHD medication in the initiation phase, and monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis. In addition, areas of disparity along ethnicity stratifications have been identified for adolescent immunizations, which CBC should focus on closing gaps: HPV for Hispanic or Latino members.
CBC	Maternal and perinatal health	No recommendations	Not applicable	No recommendations
CBC	Overuse/Appropriateness	No recommendations	Not applicable	CBC should focus on decreasing antibiotic prescriptions for members 3 months to 17 years old diagnosed with acute bronchitis or bronchiolitis.

MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
CBC	Prevention and screening	It is recommended that CBC work to improve in areas of prevention and screening. Childhood immunizations and developmental screenings are areas that the MCO should focus on.	Not addressed	CBC has several opportunities to improve prevention and screening accessibility for members. For screenings, CBC should focus on developmental screenings for 1 to 3 year olds, lead screenings, and chlamydia screenings for members. Regarding prevention, childhood immunizations, including HPV vaccinations, should be a focus for CBC. Finally, weight, nutrition, and physical activity counseling for members ages 3 to 17 years old are opportunities to improve that CBC should address.
CBC	Respiratory conditions	No recommendations	Not applicable	CBC should focus on improving rates of controller medication adoption for members diagnosed with persistent asthma ages 5 to 11 years old.
CBC	Utilization	It is recommended that CBC work to improve ambulatory care emergency department and outpatient utilization.	Opportunity retired	No recommendations
GEI	Access to/Availability of care	No recommendations	Not applicable	GEI should focus on access and availability of annual dental visits for members ages 19 to 20 years old.
GEI	Behavioral health	No recommendations	Not applicable	GEI's focus on behavioral health should center on 7 and 30 day follow-ups for hospitalizations related to mental health and depression screenings.
GEI	Dental and oral health services	No recommendations	Not applicable	No recommendations
GEI	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, GEI should focus on improving the following areas that were identified as opportunities: childhood immunizations for Rotavirus and adolescent immunizations for HPV.
GEI	Maternal and perinatal health	No recommendations	Not applicable	No recommendations
GEI	Overuse/Appropriateness	No recommendations	Not applicable	GEI should focus on decreasing antibiotic prescriptions for members ages 18 to 19 years old diagnosed with upper respiratory infections.
GEI	Prevention and screening	It is recommended that GEI work to improve in areas of prevention and screening. Developmental screening, immunizations for adolescents, weight assessment and counseling for nutrition and physical activity are all areas that the MCO should focus on.	Partially addressed	GEI has several opportunities to improve prevention and screening accessibility for members. For screenings, GEI should focus on developmental screenings for 1-, 2-, and 3-year-olds and lead screenings for young children 2 years old. Regarding prevention, vaccination rates for HPV are an opportunity for improvement. GEI should focus on ethnic disparities in HPV vaccination for Hispanic or Latino members.
GEI	Respiratory conditions	It is recommended that GEI work to improve testing for respiratory conditions, particularly ensuring appropriate testing for pharyngitis.	Not addressed	GEI should focus on improving rates of appropriate testing and treatment for members diagnosed with pharyngitis ages 3 to 17 years old.
GEI	Utilization	It is recommended that GEI work to improve well-child and well-care visits, as well as ambulatory care emergency department and outpatient utilization.	Opportunity retired	No recommendations
HPP	Access to/Availability of care	It is recommended that HPP work to improve access to and availability of care for annual dental visits.	Not addressed	HPP should continue to focus on access and availability of annual dental visits for members ages 2 to 20 years old. Each age cohort was identified as an opportunity in MY 2023.

MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
HPP	Behavioral health	It is recommended that HPP work to improve behavioral health care with a focus on follow-up care for children prescribed ADHD medication in the initiation phase.	Not addressed	HPP’s follow-up care for behavioral health screenings and diagnoses should be improved. Particular focus should be on members diagnosed with ADHD starting prescribed medication in the initiation phase, as well as depression screening and follow-up.
HPP	Dental and oral health services	No recommendations	Not applicable	HPP should focus on increasing the number of members 15 to 20 years old that receive a comprehensive or periodic oral evaluation with a dental provider, and topical fluoride as oral or dental health service for members ages 6 to 9 years old.
HPP	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, HPP should focus on improving the following areas that were identified as opportunities: childhood immunization combinations 3, 7, and 10, follow-up care for members prescribed ADHD medication in the initiation phase, and monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis. In addition, disparities in adolescent immunization rates have been identified along race and ethnicity stratifications. HPP should prioritize closing these gaps for Black or African American members for the Meningococcal, Tdap, and HPV vaccines.
HPP	Maternal and perinatal health	It is recommended that HPP work to improve maternal and perinatal health care, focusing on access to contraceptive care.	Not addressed	HPP should continue to focus on ensuring that contraception be accessible for its members ages 15 to 19 years old.
HPP	Overuse/Appropriateness	No recommendations	Not applicable	HPP should focus on decreasing antibiotic prescriptions for members 3 months to 17 years old diagnosed with acute bronchitis or bronchiolitis.
HPP	Prevention and screening	It is recommended that HPP work to improve in areas of prevention and screening. Focus should be on childhood and adolescent immunizations, as well as weight assessment and counseling for nutrition and physical activity.	Not addressed	HPP has several opportunities to improve prevention and screening accessibility for members. For screenings, HPP should focus on developmental screenings for 2- and 3-year-olds and lead screenings for 2-year-olds. Regarding prevention, childhood immunizations have performed lower when compared to other MCOs. Immunizations for HPV have been identified as an area of disparity for Asian members, and HPP should focus on closing this gap in prevention care. HPP should also continue to improve weight, nutrition, and physical activity counseling for members across all age cohorts, which was a recommendation for MY 2022.
HPP	Respiratory conditions	No recommendations	Not applicable	HPP should focus on improving rates of controller medication adoption for members diagnosed with persistent asthma ages 12 to 18 years old.
HPP	Utilization	It is recommended that HPP work to improve ambulatory care emergency department and outpatient utilization, as well as well-care visits for children and adolescents.	Opportunity retired	No recommendations

MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
HHK	Access to/Availability of care	It is recommended that HHK work to improve access to and availability of care, particularly focusing on annual dental visits.	Partially addressed	HHK should focus on access and availability of annual dental visits for members ages 2 to 6 years old. Another area of focus should be initiation and sustained engagement with SUD treatments for members with drug use disorders.
HHK	Behavioral health	No recommendations	Not applicable	HHK should improve rates of members diagnosed with ADHD continuing their prescribed medication.
HHK	Dental and oral health services	No recommendations	Not applicable	HHK should focus on increasing the number of members ages 0 to 5 years old that receive a comprehensive or periodic oral evaluation with a dental provider, and members ages 1 to 5 years old that receive topical fluoride as oral or dental health service.
HHK	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, HHK should focus on improving the following areas that were identified as opportunities: childhood and adolescent immunizations for Hepatitis A and HPV, follow-up care for members prescribed ADHD medication in the continuation and maintenance phase, metabolic testing for members ages 12 to 17 years old with at least 2 antipsychotic prescriptions, and monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis.
HHK	Maternal and perinatal health	No recommendations	Not applicable	No recommendations
HHK	Overuse/Appropriateness	No recommendations	Not applicable	No recommendations
HHK	Prevention and screening	It is recommended that HHK work to improve in areas of prevention and screening, particularly focusing on immunizations for adolescents and chlamydia screenings.	Partially addressed	HHK has several opportunities to improve prevention and screening accessibility for members. For screenings, HHK should focus on developmental screenings for 1-year olds and chlamydia screenings. Regarding prevention, vaccination rates for Hepatitis A, Influenza, and HPV are opportunities for improvement.
HHK	Respiratory conditions	No recommendations	Not applicable	No recommendations
HHK	Utilization	It is recommended that HHK work to improve ambulatory care emergency department and outpatient utilization.	Opportunity retired	No recommendations
IBC	Access to/Availability of care	No recommendations	Not applicable	No recommendations
IBC	Behavioral health	No recommendations	Not applicable	There is an opportunity for IBC to improve behavioral health screening and follow-up for members. Particular focus should be on screenings and follow-up for depression for members 12 to 17 years old.
IBC	Dental and oral health services	No recommendations	Not applicable	IBC should focus on increasing the number of members ages 6 to 18 years old that receive a comprehensive or periodic oral evaluation with a dental provider, and members ages 1 to 2 years old that receive topical fluoride as oral or dental health service.

MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
IBC	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, IBC should focus on improving the following areas that were identified as opportunities: childhood immunizations for MMR, VZV, and Hepatitis A and B, and monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis. In addition, areas of disparity along race and ethnicity stratifications have been identified for adolescent immunizations, which IBC should focus on closing gaps: Tdap for Hispanic or Latino members.
IBC	Maternal and perinatal health	It is recommended that IBC work to improve maternal and perinatal health care, focusing on access to contraceptive care for members ages 15–20 years.	Not addressed	IBC should continue to focus on ensuring that a most or moderately effective form of contraception is accessible for its members ages 15 to 18 years old.
IBC	Overuse/Appropriateness	It is recommended that IBC work to improve in areas of overuse or appropriateness by focusing on asthma-related emergency department visits for its members.	Partially addressed	IBC should focus on decreasing antibiotic prescriptions for members ages 3 months to 17 years old diagnosed with acute bronchitis or bronchiolitis.
IBC	Prevention and screening	It is recommended that IBC work to improve in lead screening for members 2 years of age.	Not addressed	IBC has several opportunities to improve prevention and screening accessibility for members. For screenings, IBC should focus on developmental screenings for 1 year old members, and lead screenings for members 2 years old. Regarding prevention, vaccination rates for Meningococcal, Tdap, and HPV are areas of disparity for Hispanic or Latino members. IBC should focus on closing this gap in prevention care. Finally, weight counseling on BMI should be an area to improve for IBC for members ages 12 to 17 years old.
IBC	Respiratory conditions	No recommendations	Not applicable	IBC should focus on improving rates of appropriate testing and treatment for members diagnosed with pharyngitis ages 3 to 18 years old. In addition, IBC should focus on improving rates of appropriate testing and treatment for members diagnosed with pharyngitis ages 18 to 19 years old.
IBC	Utilization	It is recommended that IBC work to improve ambulatory care emergency department and outpatient utilization.	Opportunity retired	No recommendations
UHC	Access to/Availability of care	No recommendations	Not applicable	No recommendations
UHC	Behavioral health	No recommendations	Not applicable	UHC should improve follow-up care for behavioral health diagnoses and hospitalizations related to behavioral health. Focus should be on 7 and 30 day follow-ups for members ages 6 to 17 with an emergency department visit for mental illness , members prescribed ADHD medication in the continuation and maintenance phase, and members screened for depression.
UHC	Dental and oral health services	No recommendations	Not applicable	No recommendations
UHC	Electronic Clinical Data Systems	No recommendations	Not applicable	For ECDS reporting, UHC should focus on improving the following areas that were identified as opportunities: monitoring symptoms in members ages 12 to 17 years old with a depression or dysthymia diagnosis.



MCO	Category	Previous Recommendations	Plan Responses and Actions	New Recommendations
UHC	Maternal and perinatal health	No recommendations	Not applicable	UHC should focus on ensuring that a most or moderately effective form of contraception is accessible, with a focus on members ages 16 and 17 years old.
UHC	Overuse/Appropriateness	No recommendations	Not applicable	UHC should focus on decreasing antibiotic prescriptions for members ages 18 to 19 years old diagnosed with upper respiratory infections.
UHC	Prevention and screening	No recommendations	Not applicable	UHC has opportunities to improve preventive care for members. Immunizations for HPV have been identified as areas of disparity for Black or African American members. UHC should focus on closing this gap in preventive care for members. In addition, nutrition and physical activity counseling for members ages 3 to 11 years old is also an area that UHC should work to improve.
UHC	Respiratory conditions	It is recommended that UHC work to improve testing for respiratory conditions, particularly focusing on asthma medication.	Partially addressed	UHC should focus on improving rates of appropriate testing and treatment for members diagnosed with pharyngitis ages 18 to 19 years old.
UHC	Utilization	It is recommended that UHC work to improve ambulatory care emergency department and outpatient utilization, as well as well-child visits for members in their first 15 months of life.	Opportunity retired	No recommendations
UPMC	Access to/Availability of care	No recommendations	Not applicable	No recommendations
UPMC	Behavioral health	No recommendations	Not applicable	No recommendations
UPMC	Dental and oral health services	It is recommended that UPMC work to improve dental and oral health services, particularly focusing on sealant receipt on permanent first molars.	Not addressed	UPMC should focus on improving dental and oral health services by ensuring members receive at least one or all four dental sealants on their permanent first molars.
UPMC	Electronic Clinical Data Systems	No recommendations	Not applicable	No recommendations
UPMC	Maternal and perinatal health	No recommendations	Not applicable	No recommendations
UPMC	Overuse/Appropriateness	No recommendations	Not applicable	No recommendations
UPMC	Prevention and screening	No recommendations	Not applicable	No recommendations
UPMC	Respiratory conditions	No recommendations	Not applicable	No recommendations
UPMC	Utilization	No recommendations	Not applicable	No recommendations

MCO: managed care organization; ADHD: attention-deficit/hyperactivity disorder; HPV: human papillomavirus