

Fall 2025 Carrier Quality Review

Kristin Villas (she/her), Senior Policy Analyst

Agenda

Topic	Speaker	Time
Roll Call/Welcome	Christine Gibert and Leah Hole-Marshall	10:10
WAHBE Quality Program Overview	Kristin Villas, Senior Policy Analyst	10:10
Quality Improvement Strategy (QIS) and Quality Rating System (QRS) Results	Kristin Villas	10:15
Breast Cancer Screening Outreach	Eve Hansen (Molina)	10:45
Self-Collect HPV Screening Strategy	Amy Nowik (Kaiser)	10:55
Success in Collecting REL Data	Isabel Lee (Coordinated Care)	11:05
Best Practices for Collecting Demographic Data	Kayla Salazar Poncet (CHPW)	11:10
Discussion	All	11:20

Exchange quality program goals



- ▶ **Advance mission** to redefine people's experience with health care by setting standards for high-quality care across all health plans.
- ▶ **Actualize equity statement** by creating pathways to reduce health disparities and improve health outcomes for all customers.
- ▶ **Define standards** using national and Washington benchmarks, seeking alignment with other state initiatives.
- ▶ **Provide accountability for the public investment** in customer coverage to improve customer health.

Quality program areas of focus

Reducing health and health care disparities

Effective primary care

Integrated and coordinated behavioral health

Increasing affordability, access and value

Innovation in care delivery

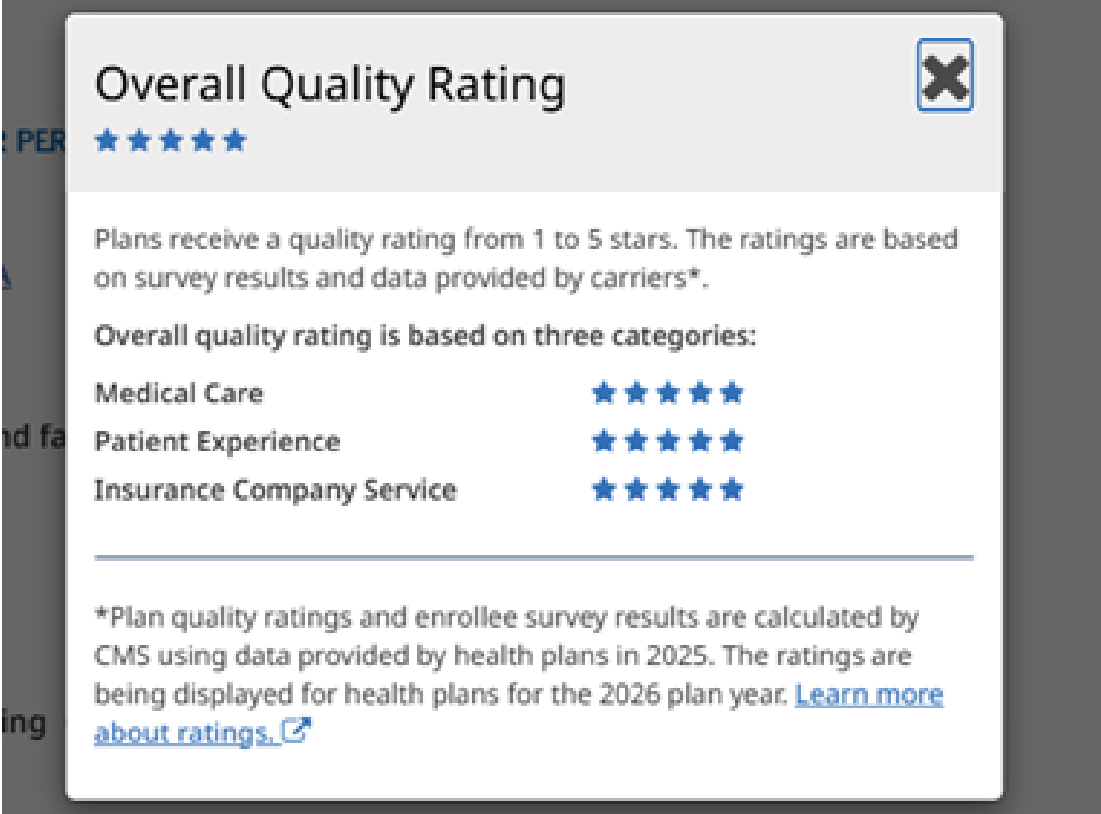
Quality program components


▶ Quality Rating System (QRS)

- ▶ Health plans submit 41 measures that are a mix of administrative and medical record or survey data
- ▶ CMS creates quality star rating
- ▶ The Exchange receives QRS measures directly from carriers
- ▶ Year-over-year trends drive QIS focus areas

▶ Quality Improvement Strategy (QIS) program

- ▶ The Exchange and carriers pick focus areas and activities; incent improvement with provider or consumer; and report (e.g., preventative care; behavioral health)
- ▶ Market incentives for providers through bonus payments and patients through gift cards



Overall Quality Rating 

★★★★★

Plans receive a quality rating from 1 to 5 stars. The ratings are based on survey results and data provided by carriers*.

Overall quality rating is based on three categories:

Medical Care	★★★★★
Patient Experience	★★★★★
Insurance Company Service	★★★★★

*Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2025. The ratings are being displayed for health plans for the 2026 plan year. [Learn more about ratings.](#)

WAHBE Quality Program: Building on baseline federal requirements for 2025

WAHBE requirements

- Carriers are required to participate in year one
- Carriers must focus on at least two measures and stratify by key demographics (rural/urban, race/ethnicity)
- Carriers required to meet race/ethnicity data collection completeness
- Carriers must set goals and report on primary care metrics

Federal baseline requirements

- Carriers not required to participate in quality activities first year
- Carriers must focus on at least one measure in their quality improvement work
- Carriers must address health and health care disparities

Exchange quality expectations



- ▶ Introduced in 2022, effective July 2025
 - ▶ Achieve 80% directly collected race and ethnicity data
 - ▶ Achieve 75th percentile QRS score on cervical cancer screening and antidepressant medication management*
- ▶ All other metrics, target for quality performance is QRS 75th percentile or higher

*2023 QRS (measurement year 2022) score; antidepressant medication management metric now retired

Quality Rating System (QRS) ratings for plan year 2026 shopping

Arrows indicate single star rating change from last QRS

Issuer	Overall Rating	Medical Care	Patient Experience	Insurance Company Service
BridgeSpan	Small population			
CHPW	Not enough data	No rating	No rating	4
Kaiser NW	5	5	5 ↑	4 ↓
Kaiser WA	5	5	5 ↑	5
Premera	4	4	5	4
Regence BCBS OR	4	4	No rating	4
Molina	4	4	4	4
Regence WA	4	4	5	4
Coordinated Care	4	4 ↑	4 ↓	4
UnitedHealthCare OR	4	4 ↑	4 ↓	4
LifeWise	3	3	4	4
Wellpoint WA	New carrier			



Quality Improvement Strategy (QIS) and Quality Rating System (QRS) Results

Comparison for benchmarking – changed to QRS for all measures

- ▶ Compare all measures to 2025 CMS QRS national norms*
 - ▶ Performance relative to 330+ Exchange plans on clinical and customer experience measures
 - ▶ Previously used NCQA benchmarks for clinical quality measures, which were typically higher than QRS
 - ▶ Scores for each carrier represent % of patients receiving appropriate care

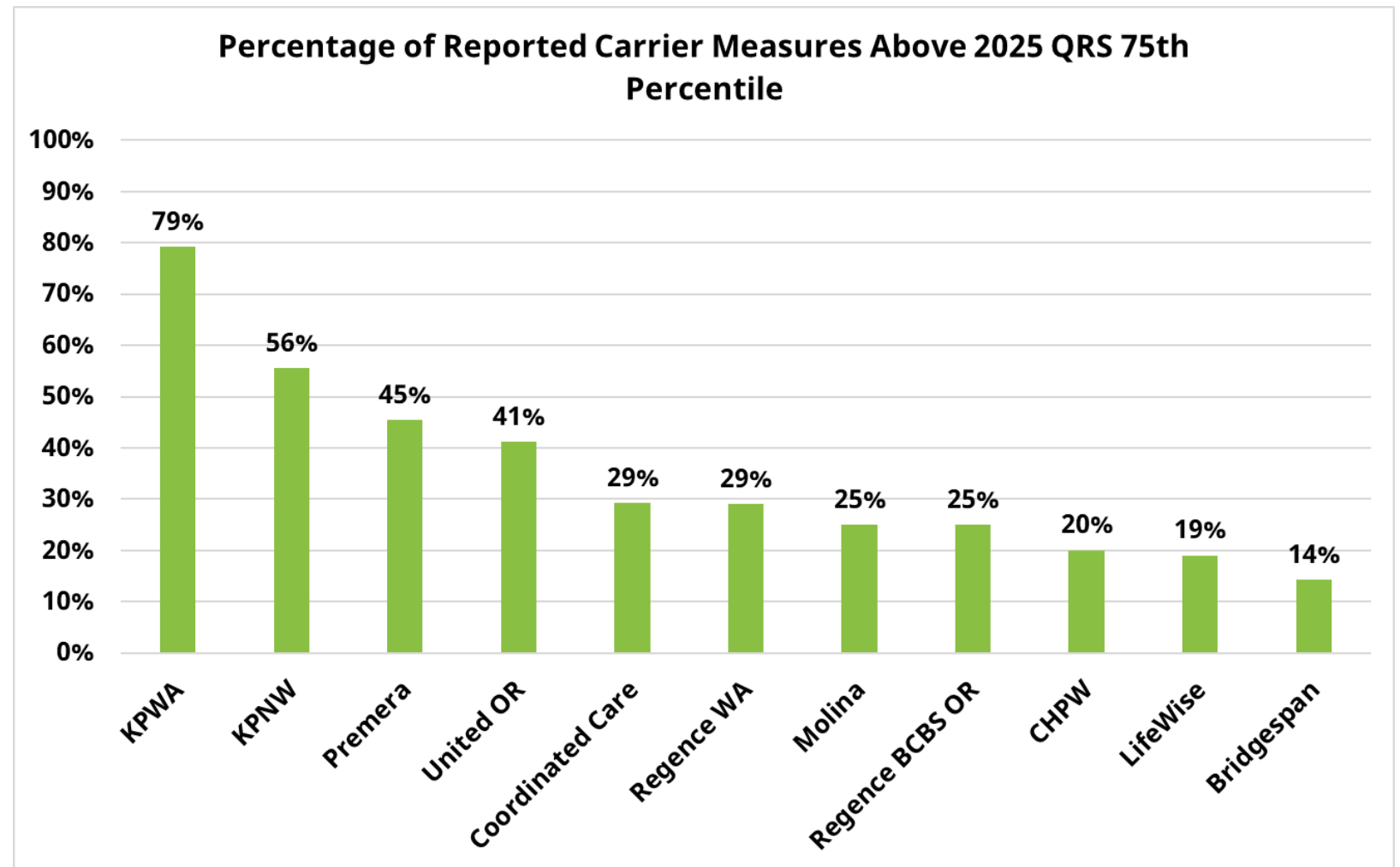
*Measurement Year (MY) 2024; Exception is Cervical Cancer Screening and Antidepressant Medication Management (use 2023 QRS/MY 2022 scores)

QHP Compared to 2025 QRS Performance	QHP Compared to 2025 QRS Performance
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Continuing challenges for Exchange quality improvement

- ▶ Most carriers score below QRS 75th percentile on majority of clinical quality measures*

*Did not rank measures with denominator under 30; for hospital readmissions, measure did not rank with denominator under 150



Cervical Cancer Screening

- ▶ Half of carriers had notable improvements, but only 3 currently meeting quality standard
- ▶ Quality standard changed from NCQA commercial target to QRS target which is much lower (65%)

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

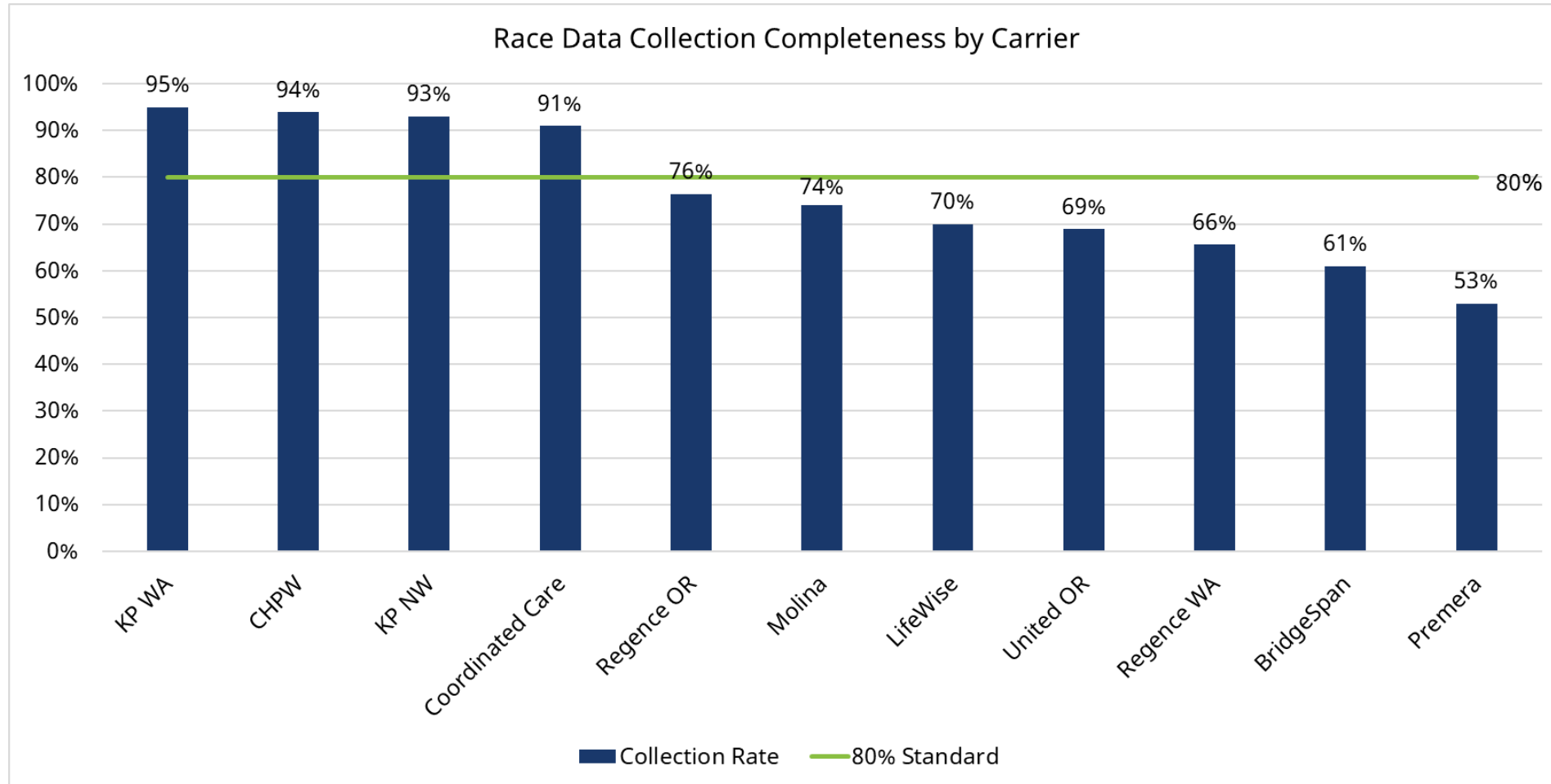
Cervical Cancer Screening	Target*	QHP Score MY2024	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
Bridgespan	65%	59%	6.2%	↓
CHPW	78%	47%	-	↓
Coordinated Care*	64%	59%	4.4%	↓
Kaiser Northwest	79%	79%	5.0%	↑
Kaiser Washington	81%	77%	3.2%	↑
Lifewise	76%	61%	9.5%	↓
Molina	76%	63%	3.7%	↓
Premera Blue Cross	80%	75%	8.3%	↑
Regence BCBS of Oregon	65%	51%	-3.3%	↓
Regence BlueShield of WA	65%	64%	14.2%	↓
UnitedHealthcare OR*	60%	57%	28.8%	↓
Wellpoint*^	65%	New carrier		N/A

*Target in red font is below national 2023 QRS 75th Percentile

^ Wellpoint is a new carrier starting for PY 2026

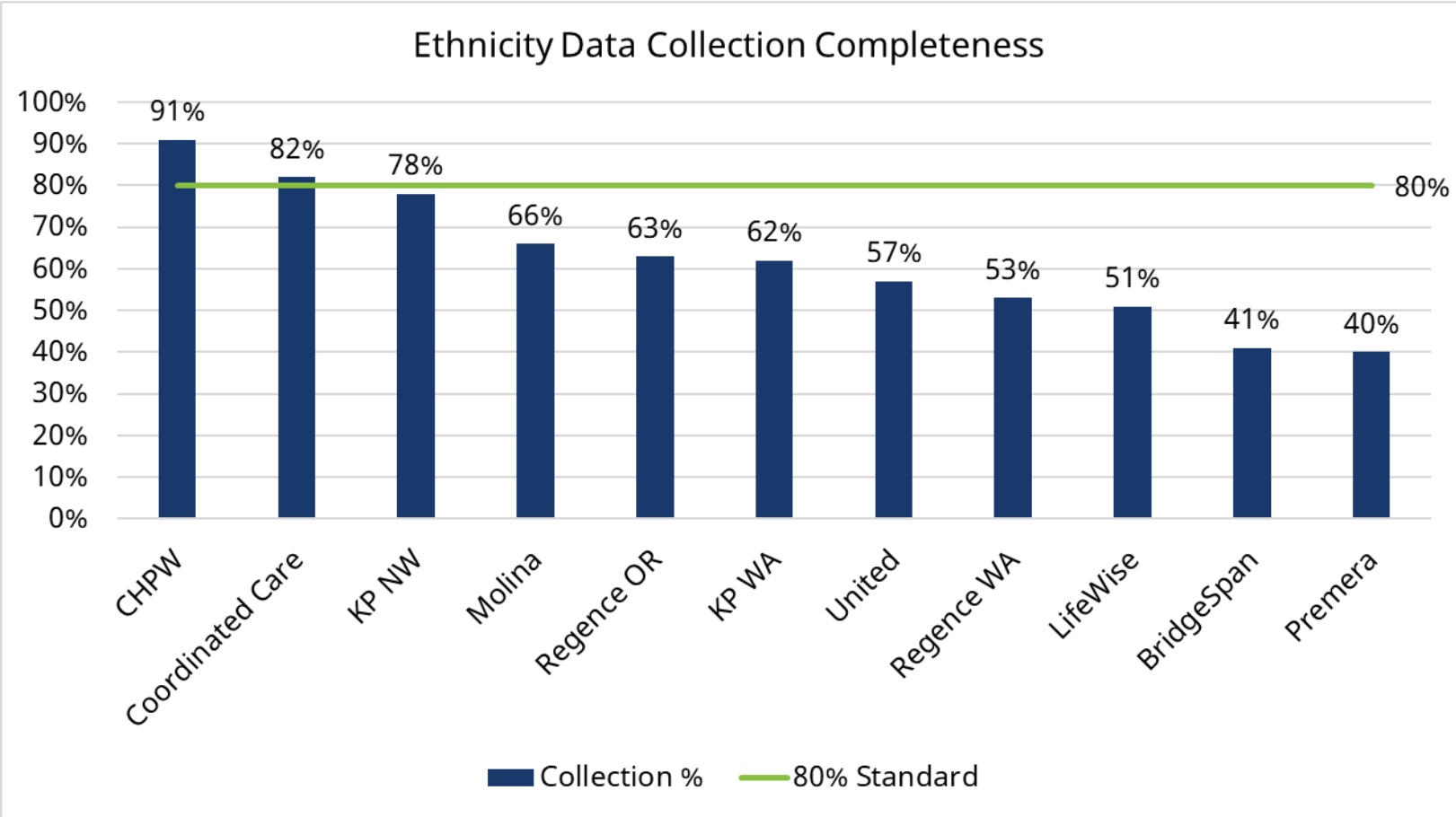
Race data collection

Four carriers meeting standard; Two within 5%
Most carriers have improved data completeness



Ethnicity data collection

Two carriers meeting standard; One carrier within 10%
Most carriers have improved data completeness



Notable improvements in race/ethnicity data collection

Carriers who collected data on an additional 5%+ of their customers since 2024

▶ Race

- ▶ KP WA (9%)
- ▶ KP NW (8%)
- ▶ Premera (6%)
- ▶ Coordinated Care (5%)

▶ Ethnicity

- ▶ Coordinated Care (21%)
- ▶ KP WA (11%)
- ▶ KP NW (7%)
- ▶ Premera (7%)
- ▶ BridgeSpan (6%)
- ▶ Molina (5%)



Carrier efforts to improve data collection

- ▶ Outreach to customers with missing information (postal mail, texting, surveys)
- ▶ Data and system updates to collect race/ethnicity data from other sources (member portal, health assessments)
- ▶ Training for brokers on importance of data collection
- ▶ Changing incentives to reward broker agencies meeting data collection targets



Primary care spend

- ▶ Most carriers are stable in primary care spend as a % of total spend
 - ▶ [Reminder: Legislative goal](#) of 12%

Carrier	Primary Care Spend %
Kaiser NW	11% (+1%)
Regence OR	10% (+4%)
Coordinated Care	6% (-1%)
Molina	6%
Kaiser WA	5%
CHPW	5%
Regence WA	5%
United OR	5% (+2%)
LifeWise	4% (+2%)
Premera	3%
BridgeSpan	2% (-1%)

Colon and breast cancer screenings

- ▶ Colorectal cancer screening: several carriers performing well, though many carriers had decreases in screening rates
 - ▶ Reminder: screening population expanded to patients ages 45-49
- ▶ Breast cancer screening: several carriers have low performance relative to other QHPs

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Colorectal Cancer Screening	62%	34%	48%	73%	71%	60%	49%	73%	61%	64%	42%
Breast Cancer Screening	64%	64%	63%	78%	74%	71%	68%	80%	61%	76%	71%

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
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Diabetes care

- ▶ For diabetes measures, many carriers scoring above 50th percentile
 - ▶ Diabetes eye exam and kidney exam especially strong – several carriers above 75th percentile

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Diabetes Poor Blood Sugar Control > 9%*	Too few patients	23%	17%	21%	20%	31%	22%	21%	24%	26%	18%
Diabetes Get Eye Exam	Too few patients	49%	44%	77%	68%	47%	47%	58%	59%	48%	42%
Diabetes Get Kidney Health	Too few patients	53%	54%	70%	71%	52%	56%	60%	56%	52%	60%

* Lower score is better

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
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Controlling high blood pressure

- ▶ Fair number of carriers below 50th percentile, though several carriers had improvements from last year

Measure MY2024	BridgeSpan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	LifeWise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Controlling High Blood Pressure	55%	73%	75%	74%	72%	65%	57%	66%	65%	67%	72%

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
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Behavioral health care

- ▶ Substance use disorder treatment performance universally low
- ▶ Depression screening and follow up is a new measure and several carriers performing above 75th percentile

Measure MY2024	BridgeSpan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	LifeWise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Follow-Up After Hospitalization For Mental Illness	Too few patients	65%	39%	Too few patients	83%	Too few patients	33%	Too few patients	Too few patients	52%	Too few patients
Initiation and Engagement Substance Use Disorder Treatment	Too few patients	Too few patients	21%	29%	24%	15%	26%	15%	22%	23%	21%
Depression Screening and Follow-Up for Adolescents and Adults*	0%	0%	42%	63%	54%	Too few patients	52%	0%	Too few patients	40%	Too few patients

*MY2024 is first year that the new measure Depression Screening and Follow-Up for Adolescents and Adults results used in QRS Behavioral Health scoring

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Respiratory treatment

- ▶ Area of strong performance for WA carriers
 - ▶ Asthma impacts people across life course

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Asthma Medication Ratio	Too few patients	Too few patients	79%	71%	90%	86%	85%	88%	Too few patients	84%	Too few patients
Appropriate Treatment for Upper Respiratory Infection	Too few patients	Too few patients	90%	92%	93%	88%	91%	92%	89%	87%	89%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Too few patients	Too few patients	56%	Too few patients	64%	56%	56%	64%	Too few patients	57%	70%

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
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Customer experience survey: Access to Care and Care Coordination

- ▶ Response rates to customer survey continue to go down (now 9%)
- ▶ Carriers continue to score low on access to care

Measure	CHPW	Coordinated Care	Kaiser NW	Kaiser WA	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence Blue Shield of WA	United HealthCare OR
Access to Care	61%	63%	65%	63%	65%	63%	68%	68%	69%	62%
Care Coordination	Too Few Survey Responses	82%	80%	81%	80%	84%	86%	Too Few Survey Responses	84%	82%

Red-font: non-reportable score as fewer than 100 survey respondents

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Carrier best practices and learnings

Breast cancer screening outreach

Eve Hansen, Quality Program Manager (Molina)



KPWA HPV Self Sampling Cervical Cancer Screening Program

Amy Nowik, MSN, RN, Clinical Quality Consultant

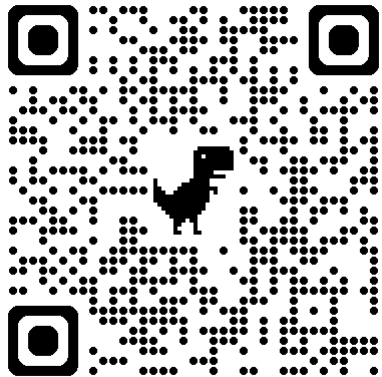
Slides used with permission from :

Maggie M. Chin, MD, Medical Director of Cancer Screening, WPMG Population Health

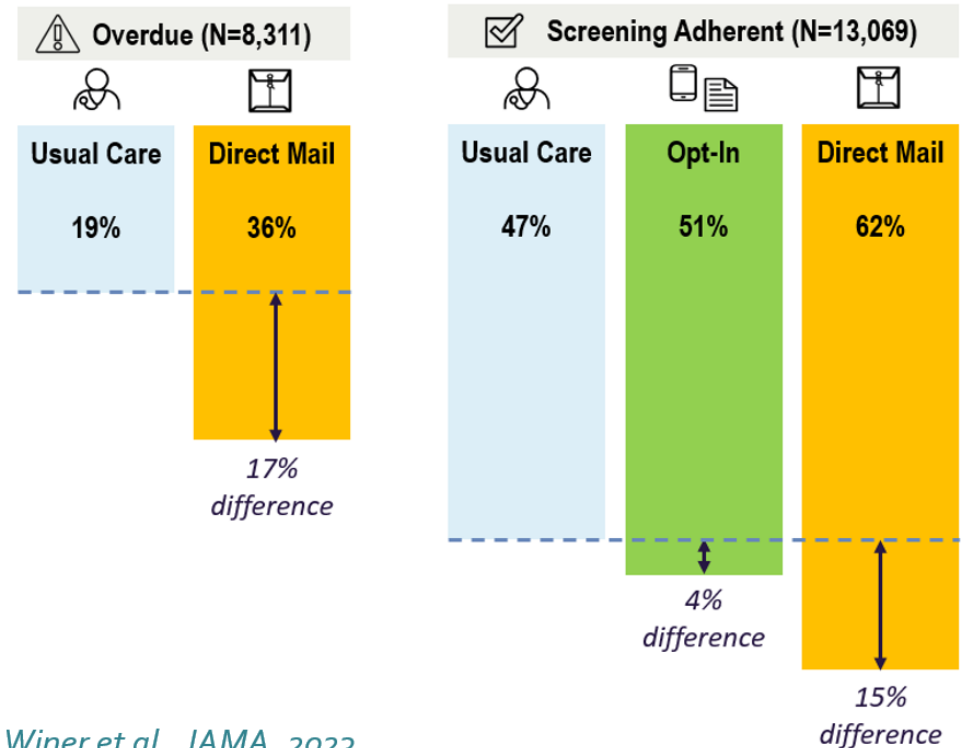
Bev Green, MD, MPH, Senior Investigator, Kaiser Permanente Washington Health Research Institute

The First HPV Self-Sampling Studies in the US were Completed at Kaiser Permanente Washington

- Self-Testing options in the Era of Primary HPV Screening for Cervical Cancer (STEP) Trial randomized over 30,000 individuals aged 30-64 at average risk and due or overdue for cervical cancer screening
- The STEP trial showed that direct mailing of HPV self-sampling kits to significantly increased screening uptake



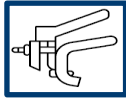
Self-Testing options in the Era of Primary HPV screening for cervical cancer (STEP) trial
National Cancer Institute
R01CA249375, Green, Winer, 2020-2022



Winer et al., JAMA, 2023

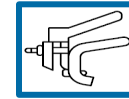
Pre-post Mixed Methods Evaluation of the KPWA HPV Self-sample Program

Pre-Program (January 1, 2022 – June 30, 2022)



Clinician collected
(HPV reflex, HPV/Pap combined,
Pap only)

Post-Implementation (October 1, 2023 – March 31, 2024)



Cervical screening,
clinician collected
(HPV reflex, HPV/Pap
combined, Pap only)



Mailed HPV self-
sample tests



In-clinic distribution
of HPV self-sample
tests

Safety Net System
For Follow-up of
Positive Self-
Sample HPV Tests

Quantitative outcomes

1. Cervical cancer screening rates
2. Percent with high-risk HPV 16,18 and the percent completing colposcopy, percent with other high-risk HPV completing Pap testing
3. Differences in screening uptake by population characteristics

Qualitative outcomes (interviews with associate medical directors, site visits)

1. Program acceptability, facilitators, challenges, and opportunities for improvement

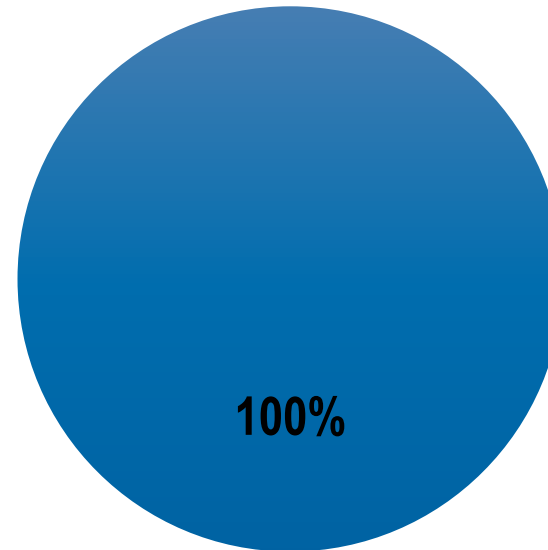
The source of cervical cancer screening changed dramatically

Cervical cancer screening rates by modality, before and after implementation of the self-collect HPV program

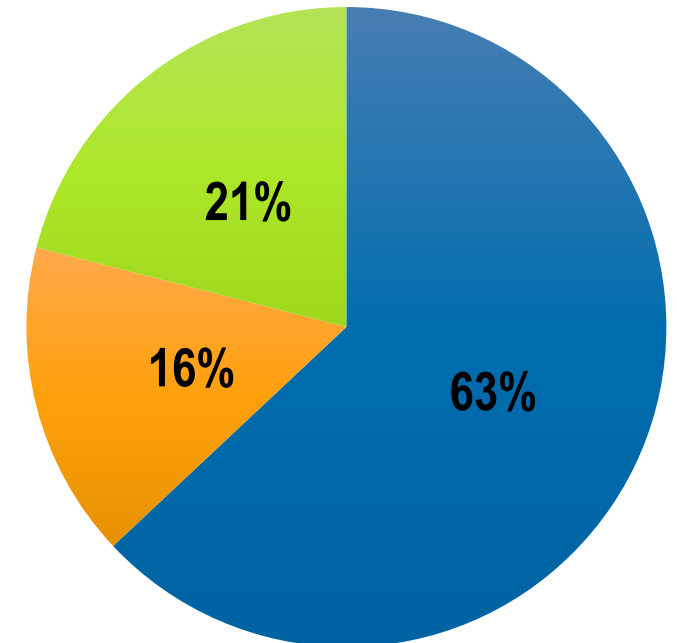
Key message

- The number of cervical clinician-collected screenings decreased from 7,200 to 5,053 (while screening completion increased by 2%)

Pre-period (n=7,200)

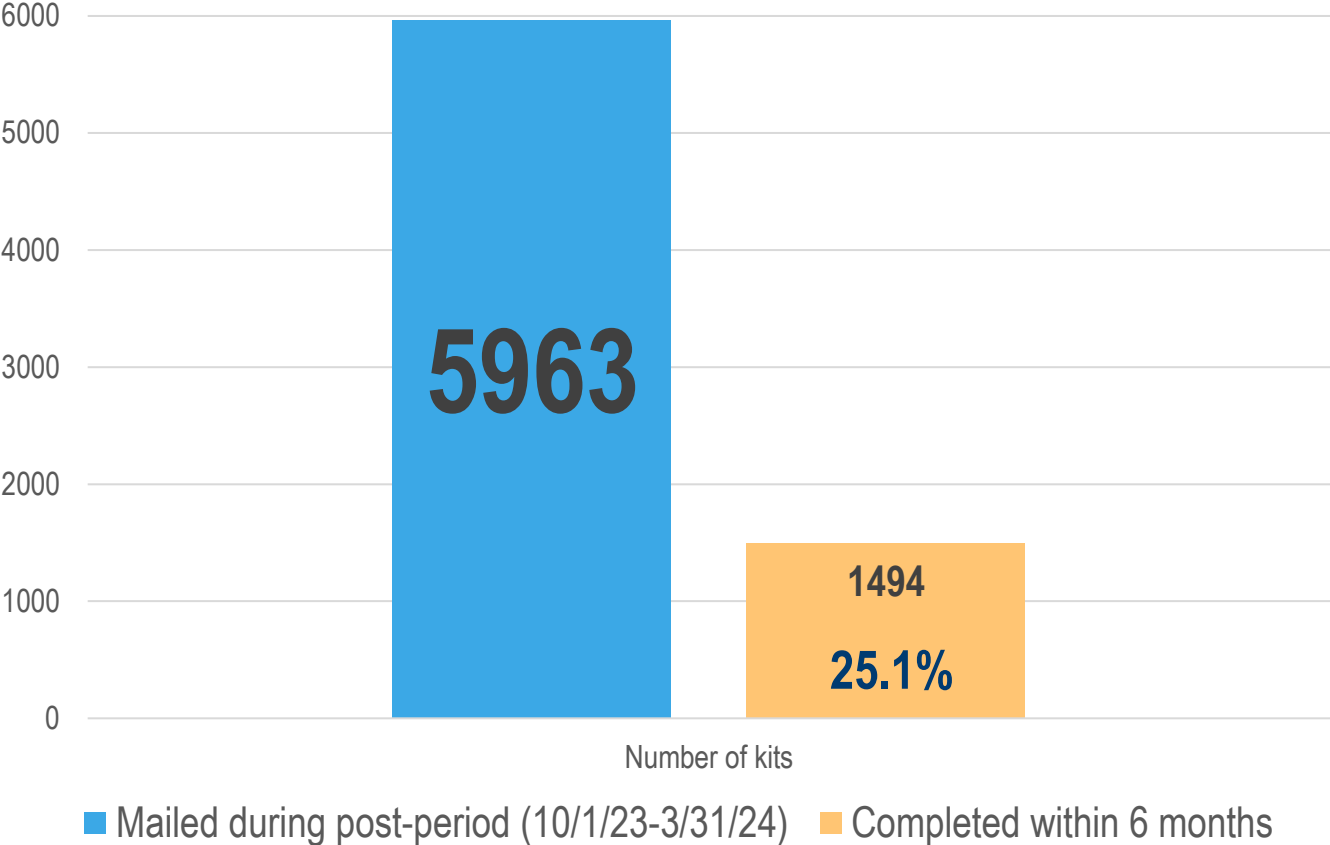


Post-period (n=8,067)

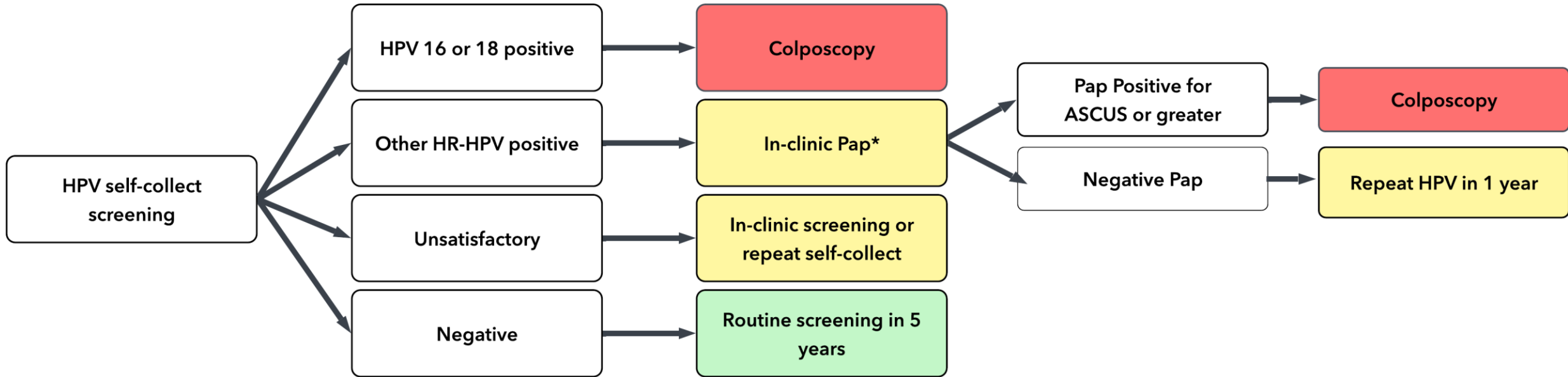


■ Cervical clinician-collected ■ In-clinic self-collect ■ Program-mailed self-collect

One quarter of kits mailed during the post-period were completed



Follow-up testing and screening*



*Manage per American Society for Colposcopy and Cervical Pathology ASCCP Consensus Guidelines

Follow-Up Testing for Positive Tests

	Pre-period	Post-period
Total screened	7,200	8,067
HPV positive 16/18 (%)	36 (0.5%)	62 (0.8%)*
Colposcopy completed n(%)	18 (50.0%)	47 (75.8%)
HPV positive other subtypes n(%)	114 (1.6%)	350 (4.3%)*
Pap completed n(%)	114 (100%)	287 (82.0%)

* Clinician and self-collect combined In the post-period, 24 16/18 positive tests and 156 other HPV positive tests were self-collect HPV tests

Key messages

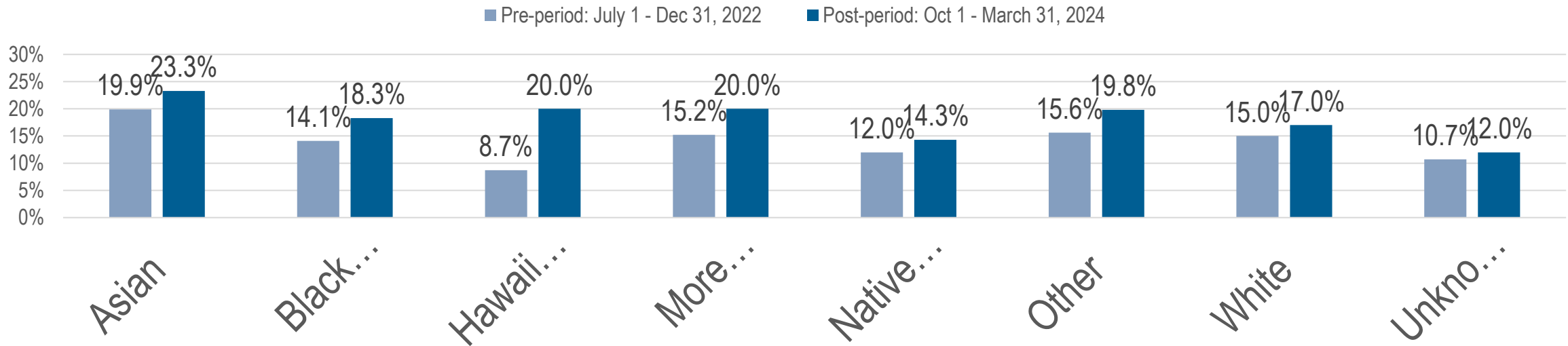
- Follow-up for 16/18 was higher after program implementation, likely due to the presence of a safety net nurse.
- Follow-up for other high-risk HPV subtypes was lower in the post-period because fewer people were screened with HPV reflex pap screens

Screening rates increased for patients of all races

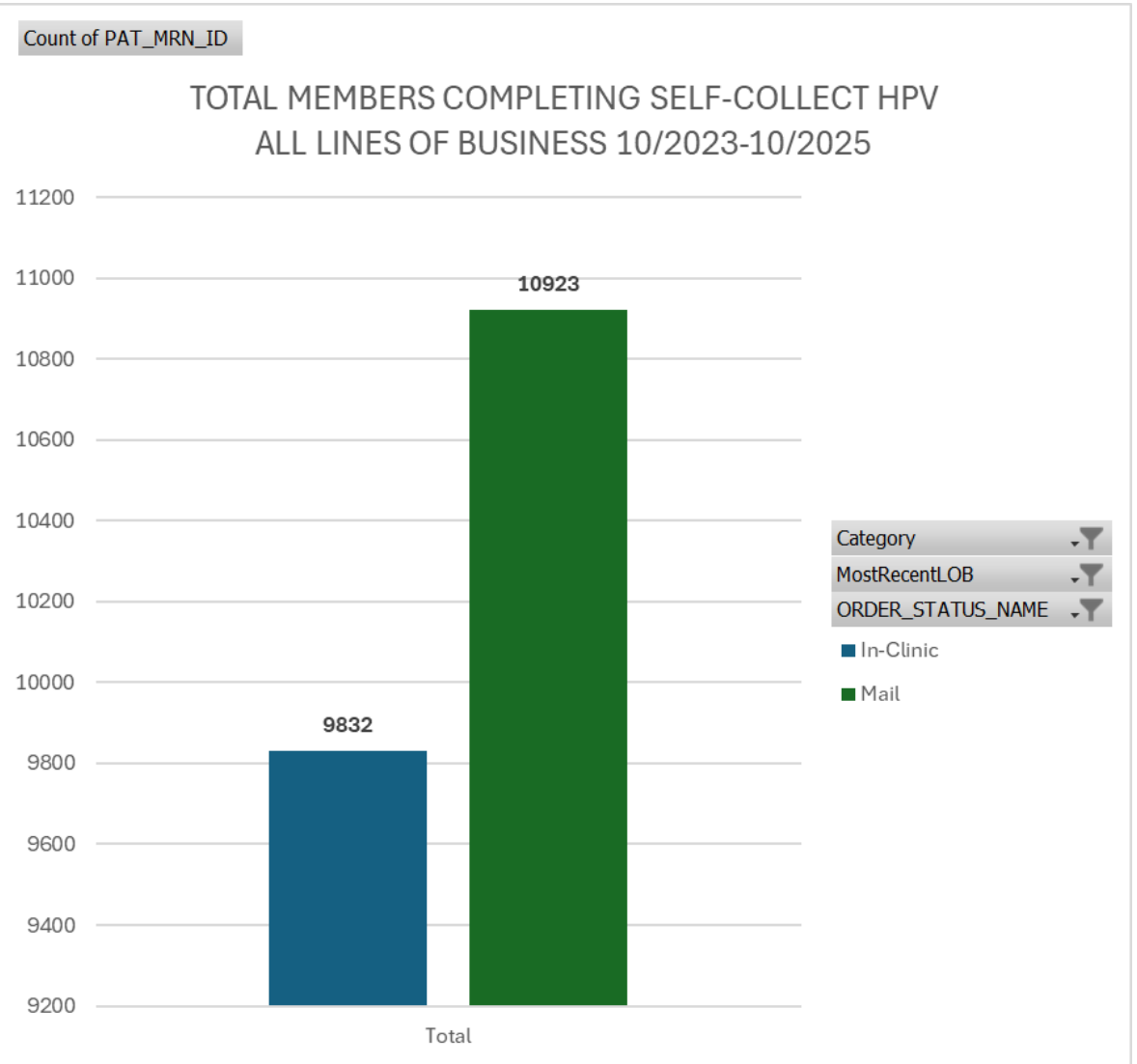
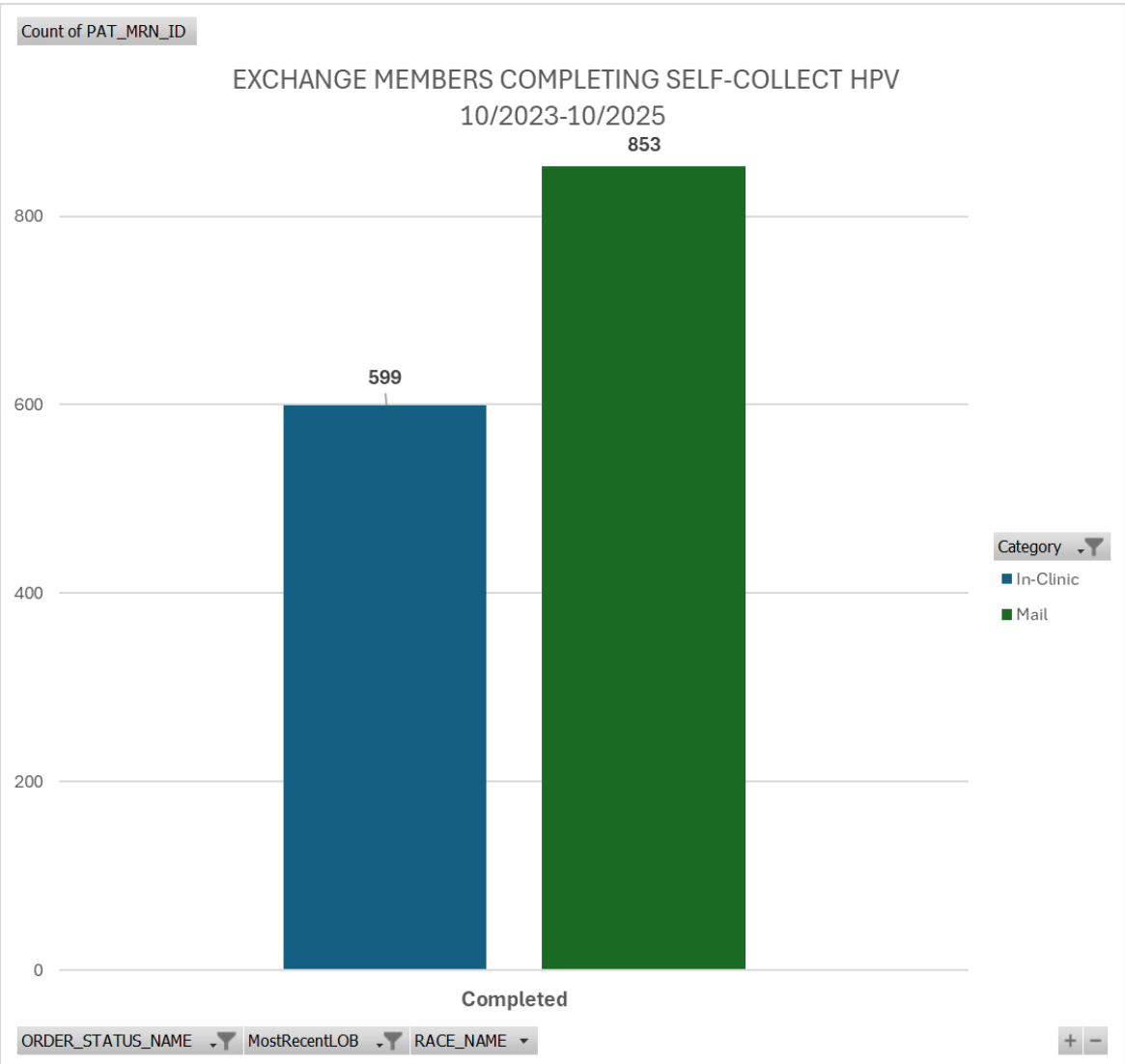
Key message

- Screening rates went up for all race categories, and some groups with the lowest baseline screening rates had the largest increases in screening
- These results suggest self-collect HPV may help minimize racial disparities in cervical cancer screening

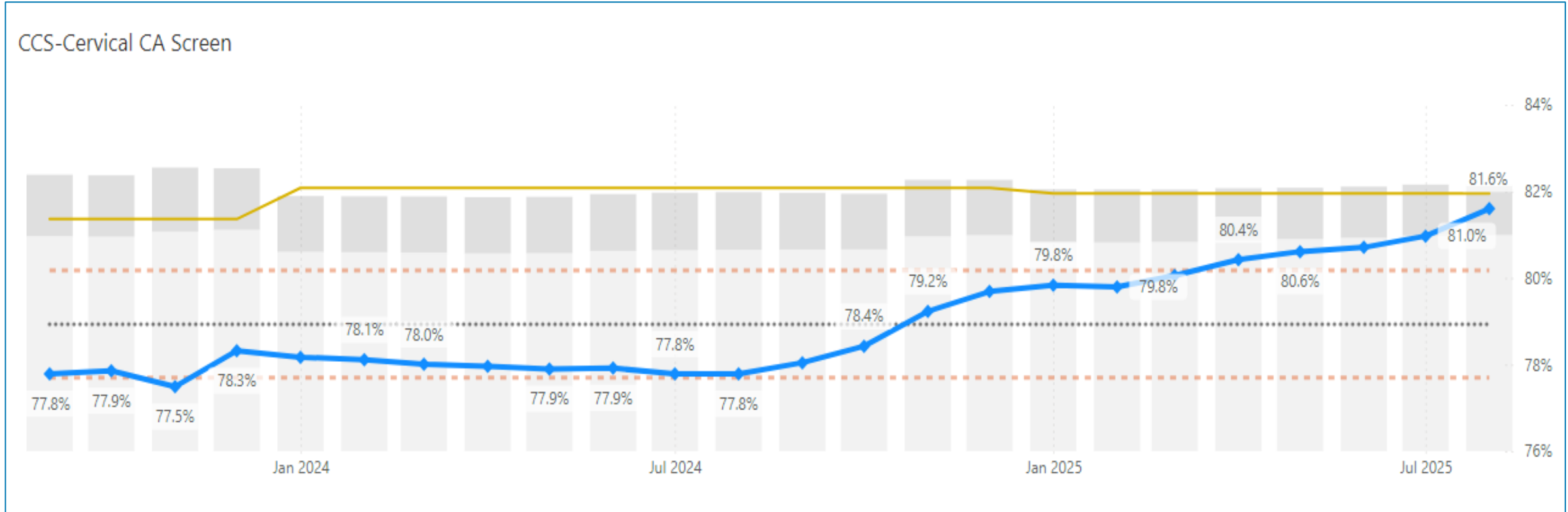
Change in completion rate by race



Exchange Members Completing Self-Collect HPV (compared with total)



KPWA Care Delivery Performance - Cervical Cancer Screening August 2023-August 2025



Key takeaways

- Patients and providers appreciate the option for a variety of reasons.
- After implementation of the HPV self-sample program, screening rates increased, and traditional clinician-collected cervical HPV testing decreased. This suggests that the program met its goals of increasing cervical cancer screening and decreased pelvic exams.
- The Safety-Net nurse program resulted in increased colposcopy follow up rates.
- Clinicians found the program highly acceptable, but they had gaps in knowledge about HPV self-sampling and recommended follow-up.



FROM



Race Ethnicity and Language

November 4, 2025

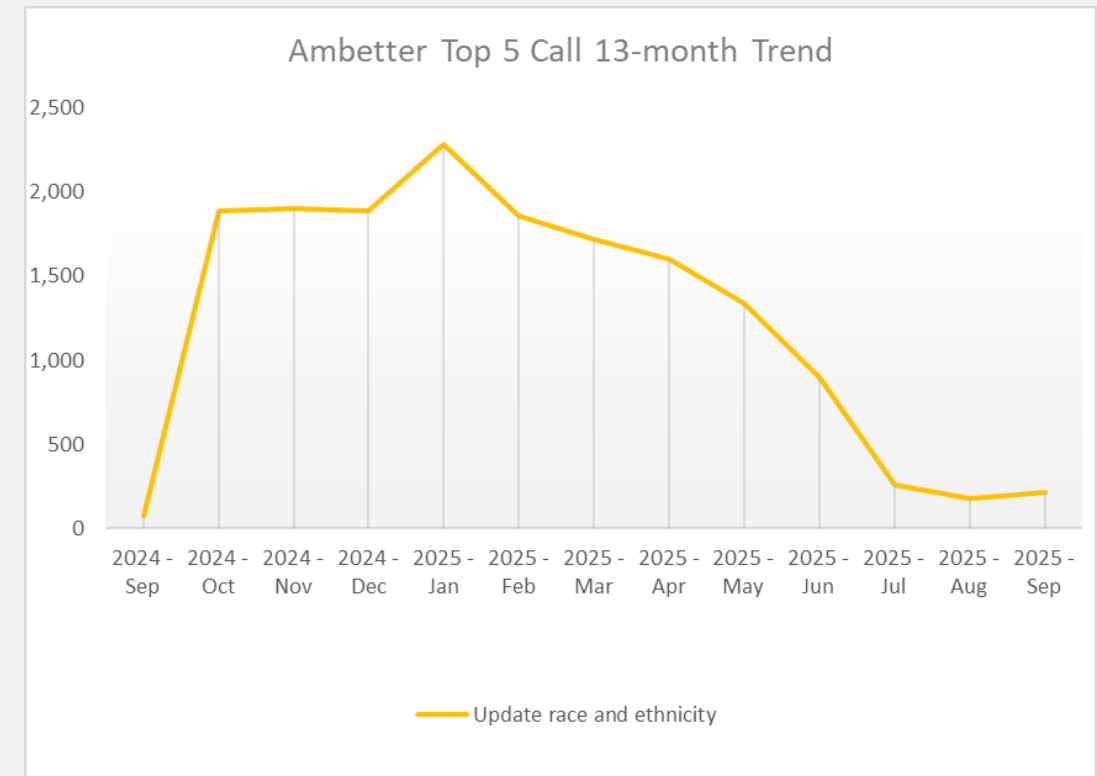
Success in Collecting Race, Ethnicity, and Language (REL) Data

- Why We Collect REL Data
 - Understand member needs and tailor healthcare programs
 - Support health equity across diverse populations
- How We Ask Members
 - “We want to learn more about our members and their healthcare needs. Would you be willing to answer a few questions about your [ask only for those items that are blank] to help us create better healthcare programs?”
- Data Privacy
 - Protected health information
 - Strict policies on how REL data can/cannot be used (i.e. shared only for treatment, not for benefit decisions)
 - Privacy details available on Member website

Success in Collecting Race, Ethnicity, and Language (REL) Data

- Results & Impact

- Since implementation in October last year, REL data collection has significantly improved.
 - 88% reduction in Not Reported Race
 - Various race counts increased by up to 57,867%
 - 83% reduction in Not Reported Ethnicity



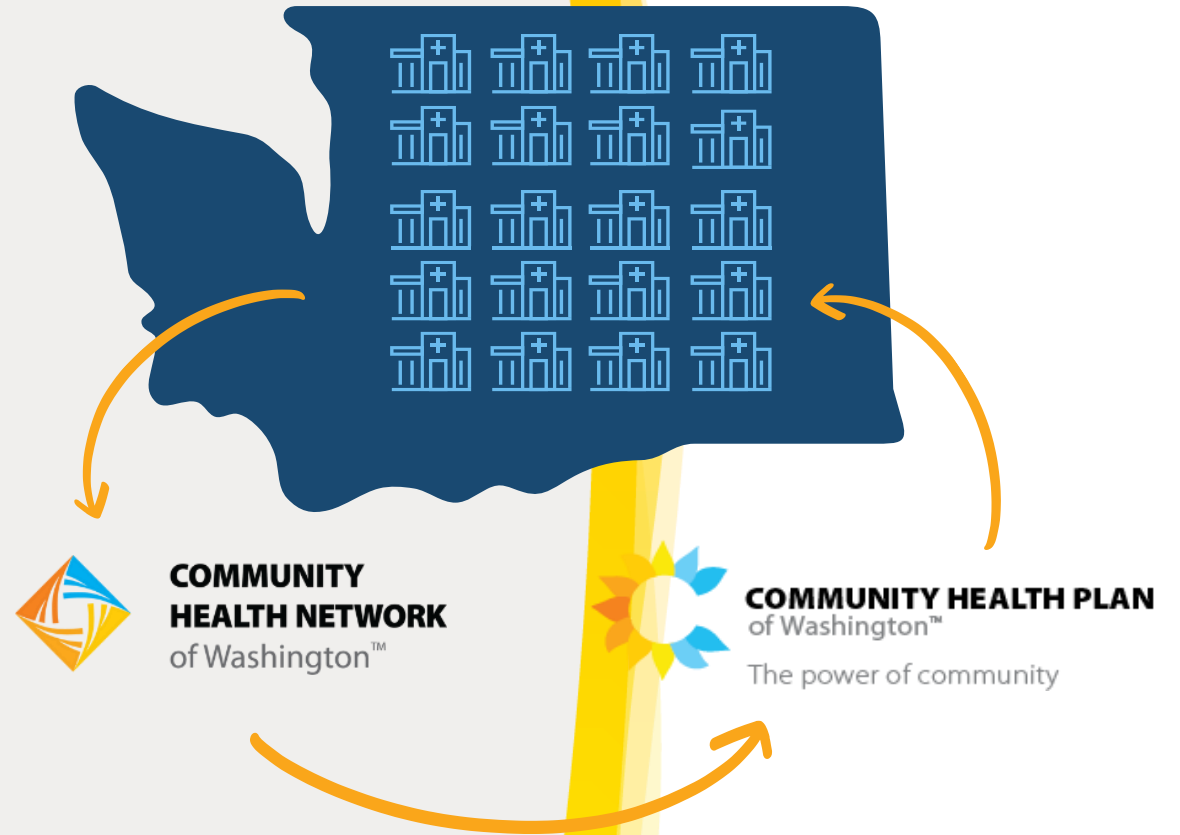
Success in Collecting Race, Ethnicity, and Language (REL) Data

- Example of how Ambetter used REL data to directly improve health outcomes
 - Cervical cancer is the 4th most common cancer in women globally
 - Asian American women are less likely to access healthcare services for prevention and treatment, including cervical cancer screening programs, compared to other races.
 - Ambetter focused outreach to Asian American QHP customers who were due for a cervical cancer screening with the goal to close the disproportionate gap to utilizing early detection preventive measures.



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INDIVIDUAL & FAMILY PLANS



Best Practices for Collecting Demographic Data

Kayla Salazar Poncet, Director of Health Equity & Quality

Race/Ethnicity and Language (REaL) Best Practices

Data framework derived from NCQA's Health Equity Accreditation (*renamed to Health Outcomes Accreditation as of 1/15/2026*).



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REaL Data Best Practices: Collection, Storage, Use



Identify all sources of data

While the enrollment data is collected by the State, carriers likely have alternative data sources available. Consider calls, assessments, and surveys where demographics could be collected.



Member-focused data collection

Ensure the questions you ask are reflective of your community and staff are trained on how to collect data in way that reduces stigma.



Combine and prioritize data for completeness

Test which data is most accurate for each data point. Combining data will require prioritization of competing data sets.

Example: Data Completeness (2018)

By supplementing our enrollment data with electronic health record (EHR) data, CHPW can have a more complete demographic data set.

Enrollment Data

Language	Enrollment Data
English	32,142
Spanish	20,023
Vietnamese	2481
Somali	1478
Chinese	1604
Russian	1296
Other Languages	5008
Unknown/Declined	56,835
GRAND TOTAL	120,867*

Clinical Integration Solution

Language	EHR Data, Previously "Unknown/Declined"
English	47,698
Spanish	1264
Vietnamese	391
Somali	405
Chinese	35
Russian	180
Other Languages	5869
Unknown/Declined	993
TOTAL "Unknown/Declined"	56,835

Today CHPW's Exchange Race/Ethnicity and Language data comes from 5+ collection methods

REaL Data Best Practices: Collection, Storage, Use (cont.)



Prioritize data privacy practices

Ensure staff and enrollees understand how data is protected. Privacy protections should be communicated at point of data collection. Include permissible and impermissible data uses.



Use the data to address disparities in care

Ensure the data is used to understand your community – demographics, disparities in care, and proactive translation (for written communication).

Discussion

What surprised you the most about the data presented today?

What other information or data would you like the Exchange to share?

Next steps



Email us with feedback at QHP@wahbexchange.org



Reach out to us with any questions



Visit the [Plan Certification Workgroup](#) page for resources



Appendix

Additional QRS and QIS results

Child staying healthy

- ▶ The weight, nutrition and physical activity counseling results show that most of the QHPs score above the national midpoint
- ▶ Well-care rates plummet for young adults (age 18-21) which markedly reduces the overall child and adolescent composite rates

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Weight Assessment and Counseling for Children/Adolescents	44%	77%	76%	76%	80%	68%	71%	59%	58%	47%	80%
Child and Adolescent Well-Care Visits	57%	23%	43%	59%	53%	50%	53%	60%	39%	56%	59%
Well-Child Visits in the First 30 Months of Life	Too few patients	Too few patients	71%	Too few patients	88%	81%	77%	83%	Too few patients	82%	Too few patients

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
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Brown	25th-49th
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Rating of health plan, health care, doctor

- ▶ WA carrier scores on Rating of doctor questions appear artificially low
 - ▶ Compressed range between benchmarks

Measure	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence Blue Shield of WA	United HealthCare OR
Rating of Health Plan	69%	67%	70%	69%	62%	72%	68%	67%	67%	55%
Rating of Health Care	Too Few Survey Responses	73%	78%	79%	75%	78%	81%	Too Few Survey Responses	79%	71%
Rating of Personal Doctor	Too Few Survey Responses	86%	86%	88%	85%	Too Few Survey Responses	89%	Too Few Survey Responses	87%	85%
Rating of Specialist Doctor	Too Few Survey Responses	84%	85%	Too Few Survey Responses	Too Few Survey Responses	Too Few Survey Responses	86%	Too Few Survey Responses	90%	Too Few Survey Responses

Red-font: non-reportable score as fewer than 100 survey respondents

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Receiving needed plan info and plan administration

- ▶ Most WA carriers score low on giving customers needed information about coverage and costs

Measure	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence Blue Shield of WA	United HealthCare OR
Get Information About the Plan and Your Costs	47%	50%	58%	54%	41%	47%	42%	47%	48%	43%
Plan Customer Service and Administration	67%	61%	74%	71%	68%	Too Few Survey Responses	Too Few Survey Responses	Too Few Survey Responses	67%	Too Few Survey Responses

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Red-font: non-reportable score as fewer than 100 survey respondents

Maternity and additional women's health measures

- ▶ The bulk of reportable QHPs perform below the national midpoints on women's health quality
- ▶ The prenatal and postpartum care scores are compressed at the very high end of range (e.g., 80% - 90%+) so small differences have a greater impact on rankings

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Timely Prenatal Care	Too few patients	97%	91%	94%	96%	87%	94%	69%	81%	83%	92%
Postpartum Care	Too few patients	90%	89%	100%	91%	86%	88%	83%	81%	93%	87%
Chlamydia Screening for Women	Too few patients	49%	46%	46%	48%	38%	44%	36%	45%	43%	45%

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Patient safety measures

- ▶ Avoiding imaging for low back pain: several carriers performing well, though many carriers had decreases in performance
- ▶ Hospital readmissions: watchpoint as see readmissions ratios increasing

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Health Plan Hospital Readmissions*	Too few patients	Too few patients	0.83	Too few patients	1.09	Too few patients	1.44	Too few patients	Too few patients	1.52	Too few patients
Imaging Studies for Low Back Pain	Too few patients	72%	76%	65%	77%	77%	68%	73%	78%	77%	80%

* Lower score is better

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Childhood Immunizations

- ▶ Area where many of our WA plans doing much better than other exchanges
 - ▶ Observe big increases and decreases in performance from last year

Measure MY2024	Bridgespan	CHPW	Coordinated Care	Kaiser Northwest	Kaiser Washington	Lifewise	Molina	Premera	Regence BCBS of Oregon	Regence BlueShield of WA	United HealthCare OR
Childhood Immunizations Combo 10	Too few patients	Too few patients	48%	Too few patients	58%	31%	57%	47%	Too few patients	44%	Too few patients
Immunizations for Adolescents Combo 2	Too few patients	Too few patients	23%	Too few patients	49%	28%	47%	47%	Too few patients	40%	Too few patients

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
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Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Antidepressant medication management - acute

Antidepressant Medication Management <u>Acute Phase Treatment</u>	Target	QHP Score MY2024	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
Bridgespan	90%	70%	-	↓
CHPW	80%	Too few patients	-	-
Coordinated Care	85%	84%	4.6%	↑
Kaiser Northwest	80%	83%	6.9%	↑
Kaiser Washington	83%	82%	1.4%	↑
Lifewise	80%	73%	-1.2%	↓
Molina	79%	72%	2.0%	↓
Premera Blue Cross	78%	68%	-3.1%	↓
Regence BCBS of Oregon	86%	83%	-1.0%	↑
Regence BlueShield of WA	87%	77%	-0.3%	↑
UnitedHealthcare OR	78%	81%	12.5%	↑

- Half of carriers meeting quality standard
- Measure steward (NCQA) is retiring metric – final reporting

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Antidepressant medication management - continuation

Antidepressant Medication Management Continuation Phase Treatment	Target	QHP Score MY2024	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
Bridgespan	70%	60%	-	↓
CHPW	63%	Too few patients	-	-
Coordinated Care	75%	64%	0.6%	↓
Kaiser Northwest	69%	64%	-6.1%	↓
Kaiser Washington	69%	68%	4.0%	↓
Lifewise	64%	57%	2.1%	↓
Molina	63%	58%	1.6%	↓
Premera Blue Cross	63%	52%	-8.1%	↓
Regence BCBS of Oregon	90%	63%	-	↓
Regence BlueShield of WA	69%	64%	-0.9%	↓
UnitedHealthcare OR	63%	64%	-	↓

- No carrier meeting quality standard (75%)
 - CMS calculated one set of benchmarks for this measure; Acute scores look better, Continuation worse
- Measure steward (NCQA) is retiring metric – final reporting

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Colon cancer screening QIS work

- Cambia family of carriers score better than most QHPs nationally on colorectal cancer screening, though declining screening rates in MY 2024 are a watchpoint
- Second year ages 45-49 are a part of screening population, so not unexpected there are some large declines in screening from QIS start in MY 2021

Colorectal Cancer Screening	Target	QHP Score MY2024	QHP Score MY2023	QHP Score MY2022	QHP Score MY2021	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
Bridgespan	69%	62%	64%	63%	59.2%	2.7%	↑
Regence BCBS of Oregon	75%	61%	70%	66%	78.4%	-17.6%	↑
Regence BlueShield of WA	68%	64%	64%	71%	70.6%	-6.3%	↑

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

Breast cancer screening QIS work

- ▶ Most carriers working on breast cancer screening as part of QIS are below national midpoint, though several have made improvements in screening

Breast Cancer Screening (BCS-E)	Target*	QHP Score MY2024	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
CHPW*	71%	64%	-	↓
Kaiser Northwest	80%	78%	-	↑
Kaiser Washington	83%	74%	5.21%	↓
Molina*	72%	68%	0.76%	↓
Lifewise*	73%	71%	4.36%	↓
Premera Blue Cross	80%	80%	5.04%	↑

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

*Target in red font is below national QRS 75th Percentile

Miscellaneous measures QIS work

	Measure	Target	QHP Score MY2024	Change MY2024-MY2021	QHP Score Above/Below QRS 75th Percentile
Coordinated Care	Adult Access to Ambulatory Care	95%	72%	-4.1%	No benchmark
UnitedHealthcare OR	PCP Visit During Year	55%	68%	25.0%	No benchmark
Wellpoint *	Diabetic Eye Exam	53%	New carrier	-	
CHPW	All-Cause Hospital Re-admissions (lower score is better)	0.52	0.83	-	↑
CHPW	Depression Screening for Adolescents and Adults	63%	0%	-	↓

QHP Compared to QRS Measure Scores	QHP Score Above/Below QRS 75th percentile
Blue (Best)	> 90th
Purple	75th-89th
Gray	50th-75th
Brown	25th-49th
Red (Worse)	< 25th

* Wellpoint is a new carrier starting for PY 2026

Exchange value-based purchasing (VBP) adoption trails behind Medicaid and PEBB/SEBB

Carrier	% 2024 Payments for Exchange Population 2c and Higher
CHPW	95%
Kaiser NW	74%
Kaiser WA	73% (+11%)
Regence OR	64%
Regence WA	64% (-13%)
Premiera	57%
Coordinated Care	55%
Molina	49%
LifeWise	44% (+29%)
BridgeSpan	0% (-54%)
United OR	0%

- Leveraging HCA reporting template based on Health Care Payment Learning and Action Network ([HCP-LAN framework](#))
- Wide variation in % of carrier payments in Exchange population in 2c and above (paying for performance)
- [HCA VBP report](#) on state financed health care in 2023 showed
 - Medicaid Managed Care Organizations (MCOs) at 82%, PEBB/SEBB at 73%

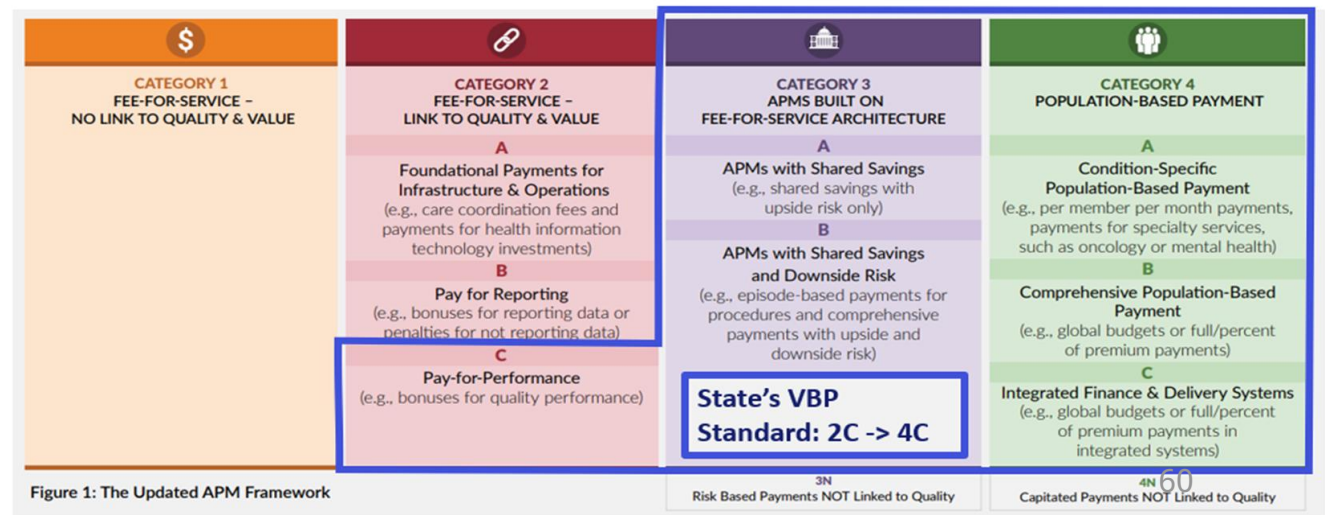


Figure 1: The Updated APM Framework



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